Pressures on General Practice In Northern Ireland

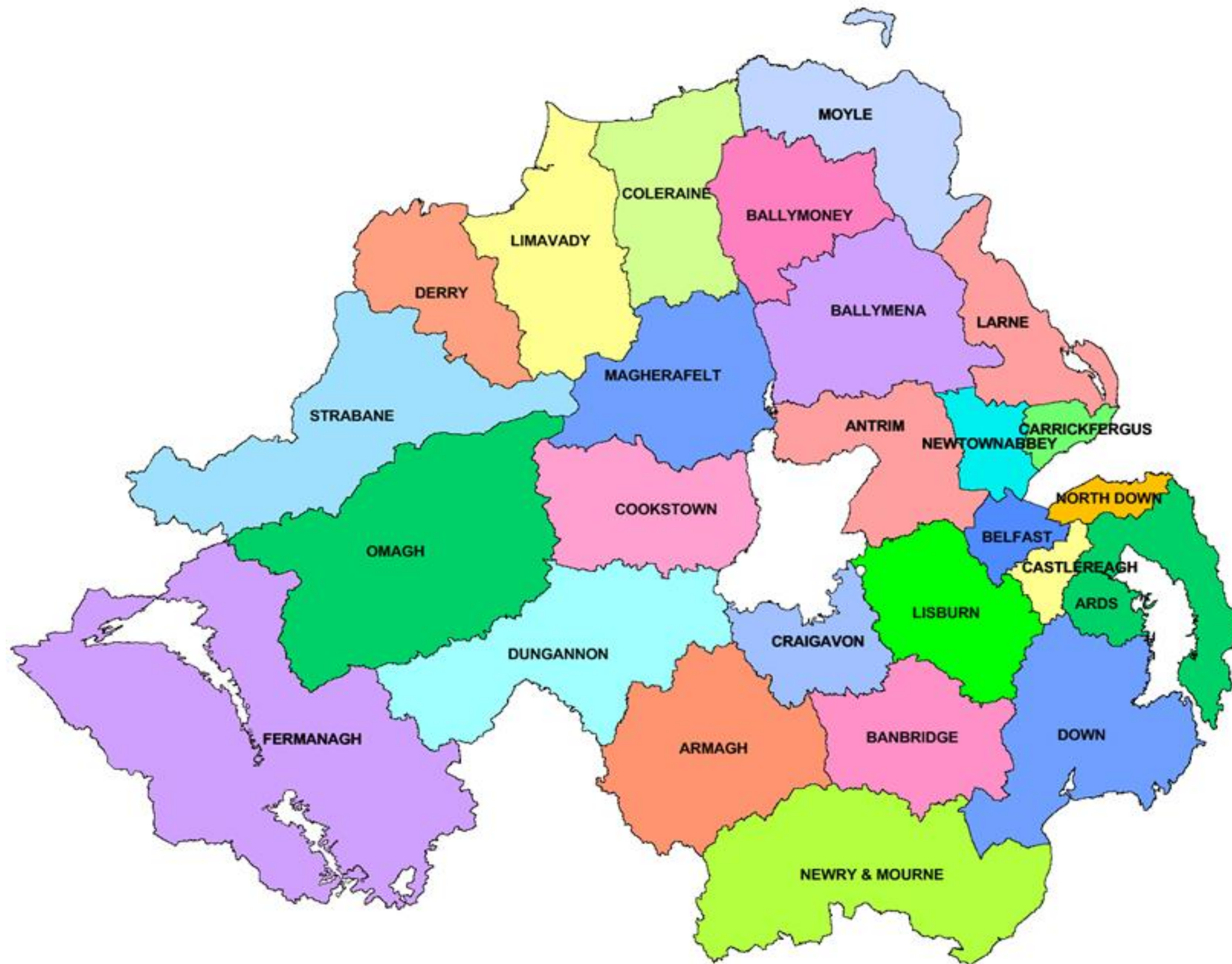
As part of work within Northern Ireland looking at GMS workload, activity and funding, this pack is produced to highlight increasing pressures and demands being placed on general practice services. The slides in this pack are updated or amended annually where possible.

These slides cover areas including:

- Patient needs and demands (demographics, ageing population, lifestyle factors, morbidity, prevalence and consultation rates)
- Patient experience & access to general medical services
- Pressures in secondary care
- Inequalities (mortality, potential years of life lost and QoF achievement)
- Pressures on financial resources & workforce patterns
- GP workforce (GPs per head and GP training places)

February 2022

Map of Local Government Districts 1992



Local Commissioning Groups

- Northern Ireland has five Local Commissioning Groups (LCGs) – the Belfast, Northern, South Eastern, Southern and Western LCGs. Each LCG is responsible for the commissioning of health and social care by addressing the needs of their local population.

- They also have responsibility for assessing health and social care needs; planning health and social care to meet current and emerging needs; and securing the delivery of health and social care to meet assessed needs.

- LCGs are amalgamations of GP practices and it is accepted that they are aligned with Health and Social Care Trusts.

- Much of the data presented is by LGD 1992 rather than the 11 new councils, LGD 2014. The 26 LGDs 1992 are coterminous with LCGs, whereas the new councils (LGD 2014) are not coterminous with health geographies.

GP Federations

- GP Federations have been established in NI with two main aims –
  1. To support and protect GP Practices; and
  2. To help deliver the transformation agenda in Health and Social Care.
- There are currently 17 fully incorporated GP Federations covering all areas of NI, all of which are owned entirely by GPs.
- GP Federations aim to provide better care, delivered in a more responsive way and closer to home, for patients registered on the lists of practices within the Federation. The focus is on working across the local health and social care community, in collaboration with a wide number of agencies, to design and implement innovative healthcare strategies and ways of delivering high quality care.
- Where possible, data has been analysed and presented at Federation level.

Source: HSCB, http://www.hscboard.hscni.net/our-work/integrated-care/gps/gp-federations/

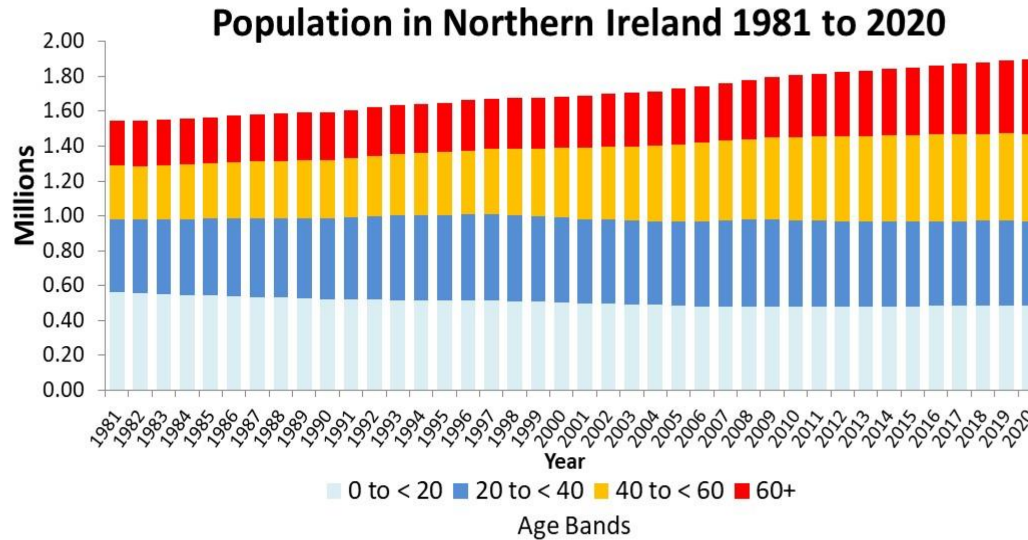
Key Components of GP Federations in Northern Ireland

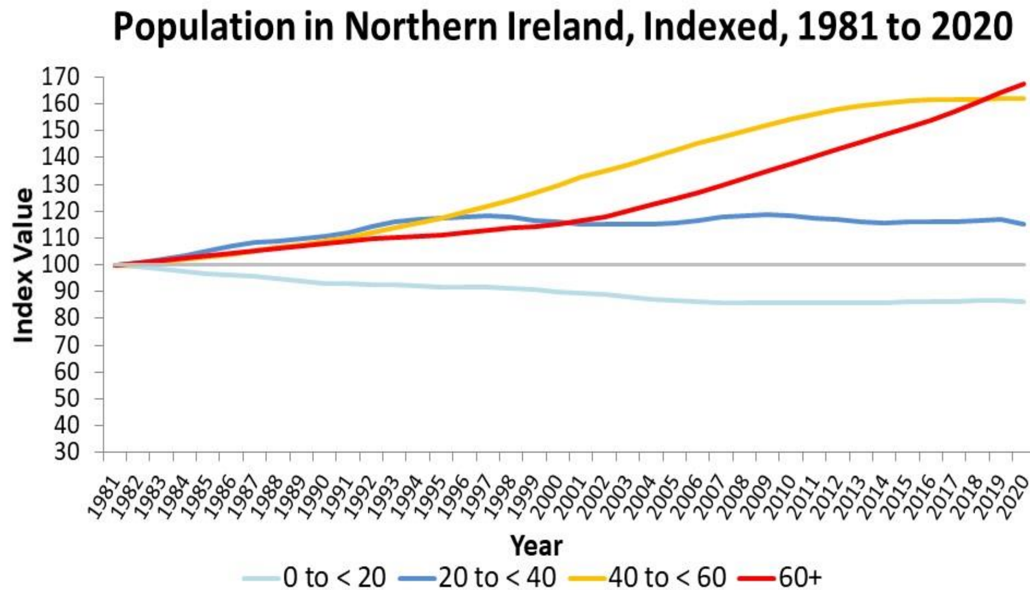
- They could provide continuing professional development for GPs.
- They could assist in the recruitment and retention of GPs.
- An average size of a GP Federation is approximately 100,000 patients with 17 practices.
- Their boundaries are in line with the current boundaries for Integrated Care Partnerships.
- Each Federation has been established as a Community Interest Company Limited by Guarantee in the not for profit sector.
- NI is the only part of the United Kingdom that has a unified model of Federations governed by a unified Members Agreement covering its entire population.

Source: HSCB, http://www.hscboard.hscni.net/our-work/integrated-care/gps/gp-federations/

PATIENT NEEDS & INCREASING DEMAND

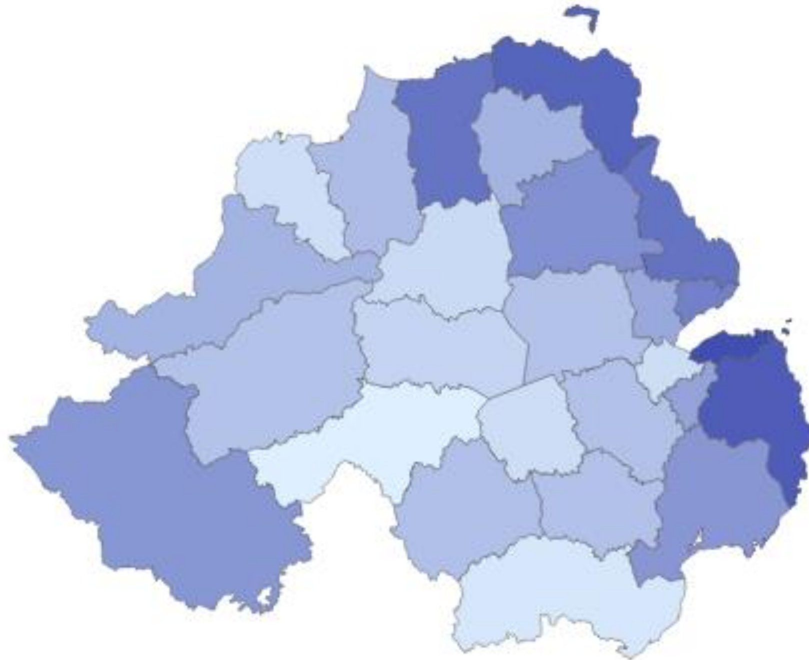
The population in Northern Ireland is growing and ageing





Data Sources: Mid-year population estimates 1981-2020

The ageing population varies throughout Northern Ireland

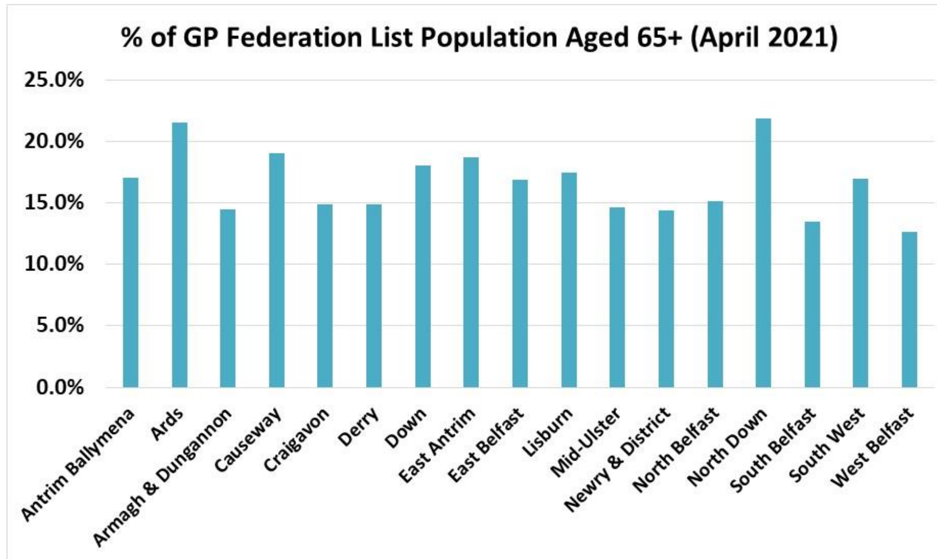


LGD1992NAME	% population aged 65+
Dungannon	14.08
Newry and Mourne	14.47
Derry	14.95
Craigavon	14.96
Belfast	14.98
Magherafelt	15.14
Cookstown	15.42
Omagh	16.30
Antrim	16.31
Banbridge	16.34
Lisburn	16.37
Armagh	16.42
Limavady	16.60
Ballymoney	17.02
Strabane	17.03
Newtownabbey	17.53
Castlereagh	17.83
Down	18.42
Fermanagh	18.45
Ballymena	18.74
Carrickfergus	19.52
Coleraine	20.15
Larne	20.24
Moyle	20.93
Ards	21.30
North Down	22.00

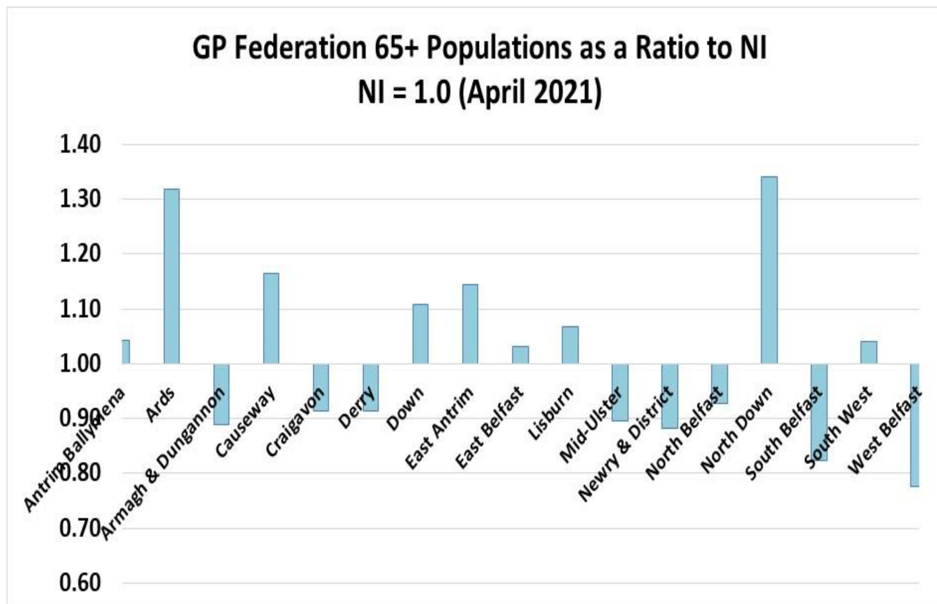
The population aged 65+ varies throughout Northern Ireland, shown here at LGD level and ranging from 14.1% in Dungannon LGD, to 22.0% in North Down LGD, with a Northern Ireland figure of 16.9%.

Data Sources: Mid-year population estimates 2020

The population over 65 varies by GP Federation



There is variation in the % of GP Federation list populations aged 65+, with the highest % being in the North Down Federation and the lowest in the West Belfast Federation. It is known that elderly patients place more demands in terms of workload and prescribing resources. Such variation means that there will be differing demands and pressures on the Federations.

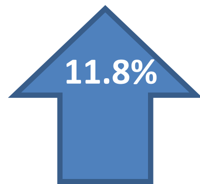


This chart shows the relativity of the 65+ population of each Federation as a ratio to the NI 65+ population. When considered relative to NI, the impact of these differing populations can be seen. The North Down and Ards Federations had the highest 65+ populations, compared to the NI figure, while the West Belfast and a number of other Federations are notably less than NI. This again highlights the different demands on these Federations when compared to the NI average.

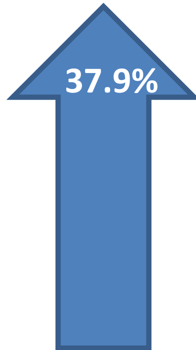
Data Sources: NHAIS at April 2021

Differing pressures due to population and workforce changes

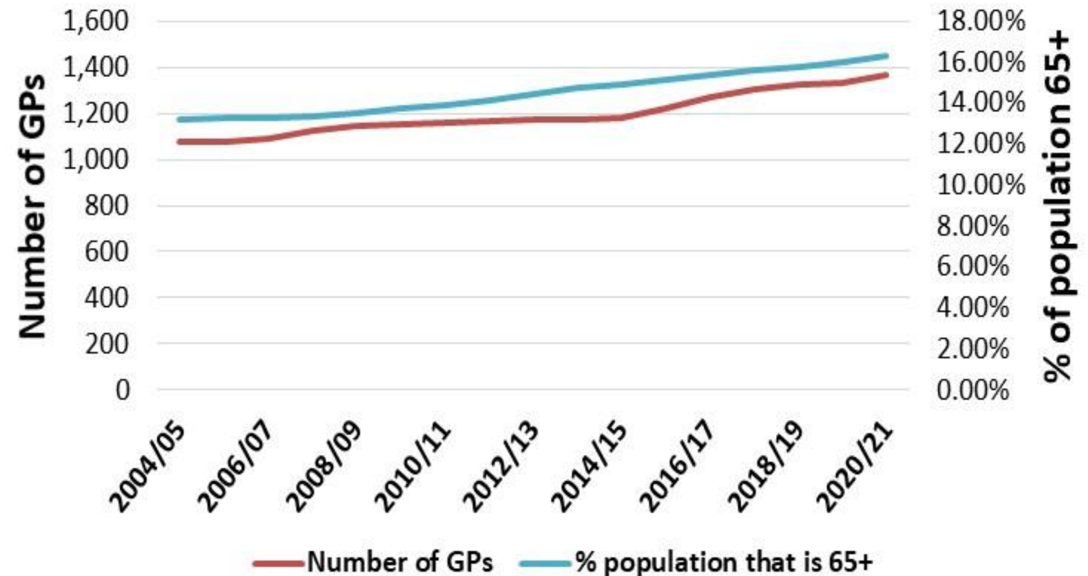
Registered population



Registered population 65+

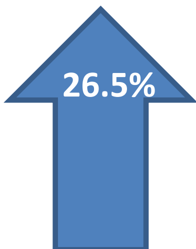


Between 2004/05 and 2020/21, the registered population has increased by 11.8%; this compares to an increase of 37.9% in the 65+ age group of the registered population.



Whilst both the number of GPs and the population over 65 have grown, they have grown at different rates; this could put increasing pressure on GP services.

Number of GPs



The number of GPs has increased from 1,078 to 1,364 over this time period; an increase of 26.5%.

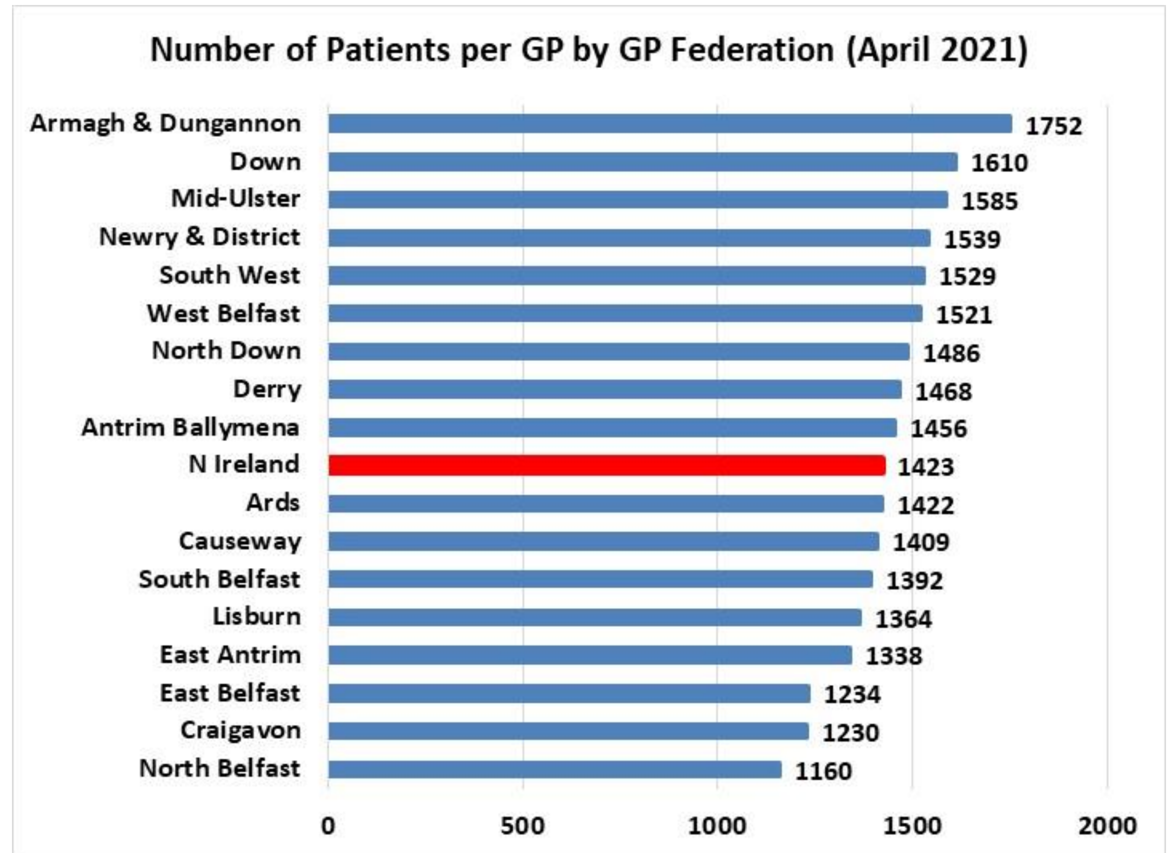
Please note the different axes on this chart for the 2 variables

Data Sources: population from NHAIS and number of GPs from Business Services Organisation

Differing pressures on GP Federations due to Patients numbers

GP Federations may face different pressures because of differences in their registered patient and GP numbers.

This chart shows the number of registered patients per GP for each Federation and for Northern Ireland. The number of registered patients per GP varies from 1,160 in North Belfast, to 1,752 in Armagh & Dungannon, with the Northern Ireland figure being 1,423.

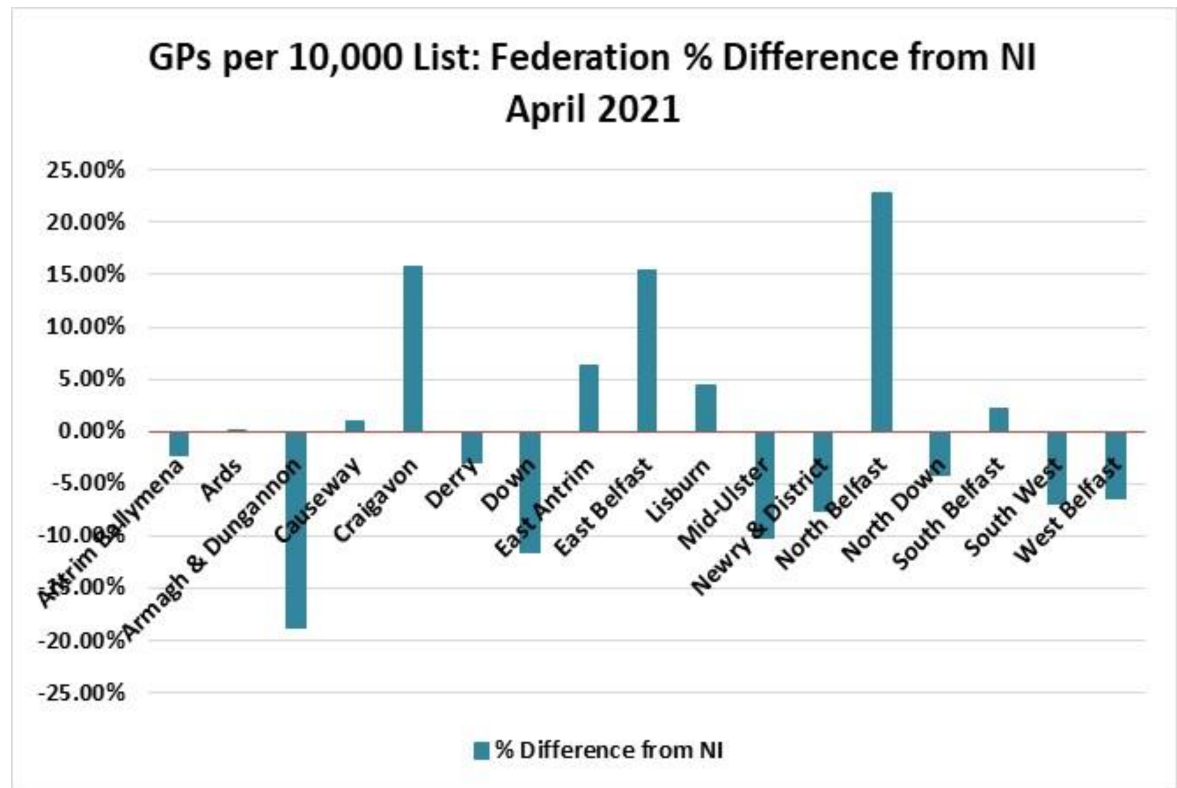


Data Sources: population from NHAIS and number of GPs from Business Services Organisation

GP provision varies across GP Federations

The number of GPs per 10,000 list population varies from 5.71 in Armagh & Dungannon to 8.62 in North Belfast. Federations with fewer GPs per 10,000 list population may be expected to face more pressure than those with greater numbers of GPs per 10,000 list population.

The number of GPs per 10,000 list for each GP Federation, relative to the NI position, is shown here, as a positive or negative percentage difference to NI. All those federations with a positive value have more GPs per 10,000 list than NI, while all those with a negative value have fewer GPs per 10,000 list. When considered relative to NI, the potential impact of GP provision can be seen.



Data Sources: population from NHAIS and number of GPs from Business Services Organisation

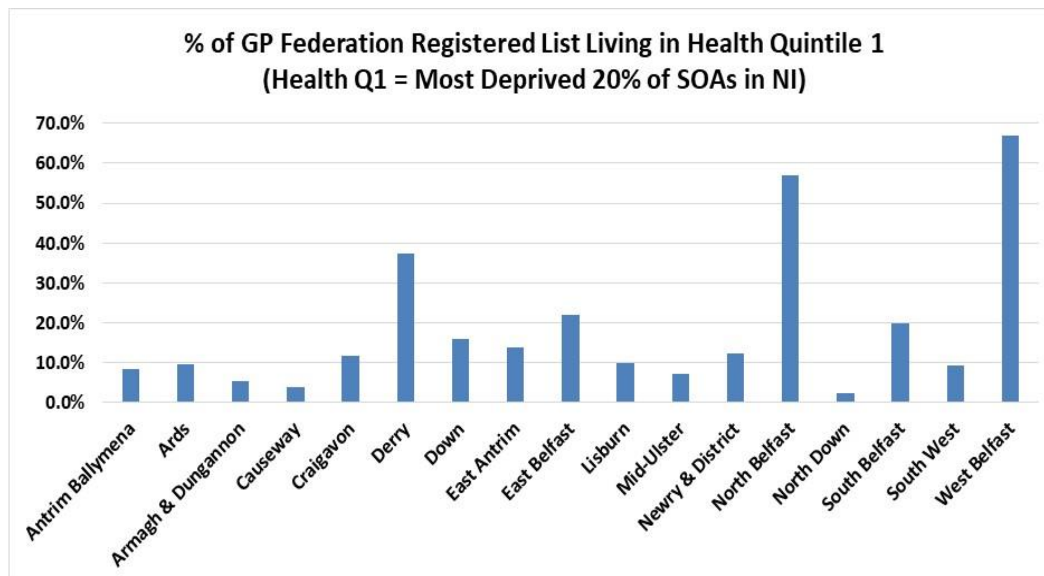
Deprivation levels of GP Federation registered lists

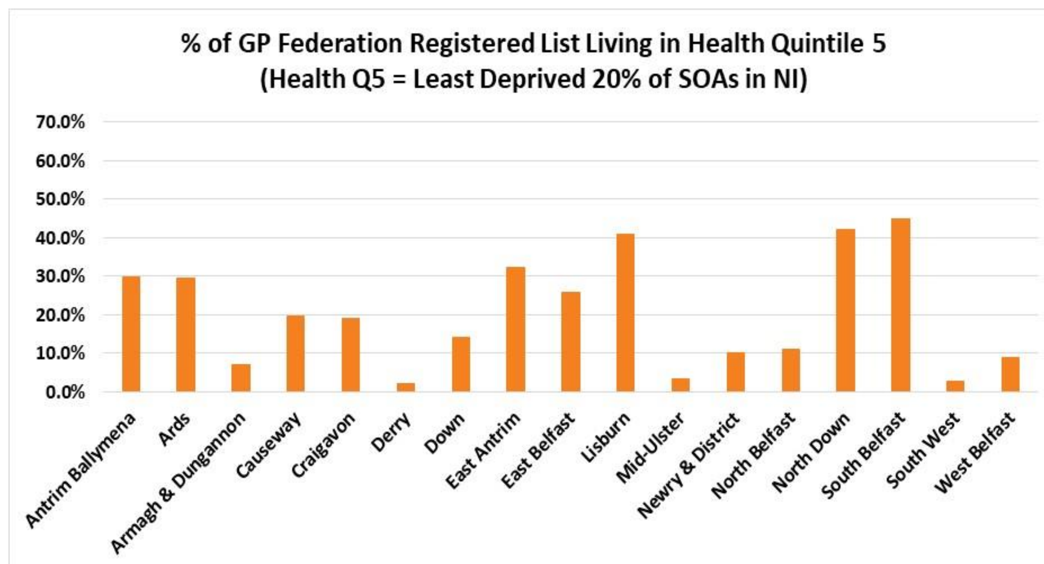
The percentage of each Federation's registered list that are living in (i) Health Quintile 1 -the most deprived and (ii) Health Quintile 5 - the least deprived 20% of SOAs in Northern Ireland are shown here.

West Belfast, North Belfast and Derry are notable as having high percentages of their registered lists living in the most deprived 20% of SOAs, in terms of Health IMD.

South Belfast, North Down and Lisburn all have high percentages of their registered lists living in the least deprived 20% of SOAs, in terms of Health IMD.

This characteristic of their patient population could be expected to place more or less demands respectively on resources.

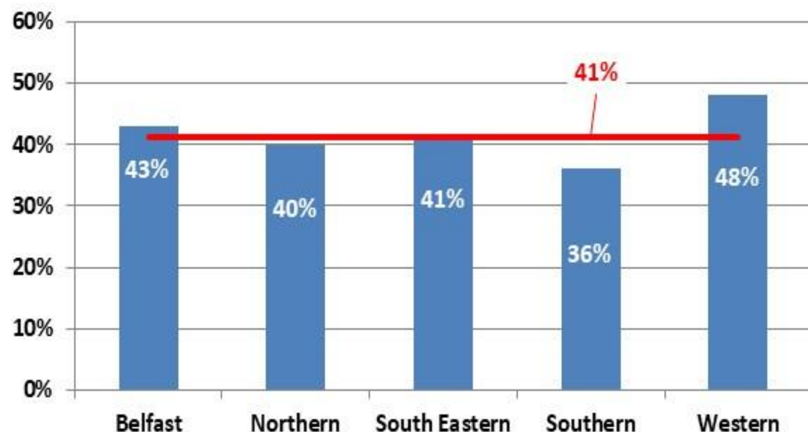


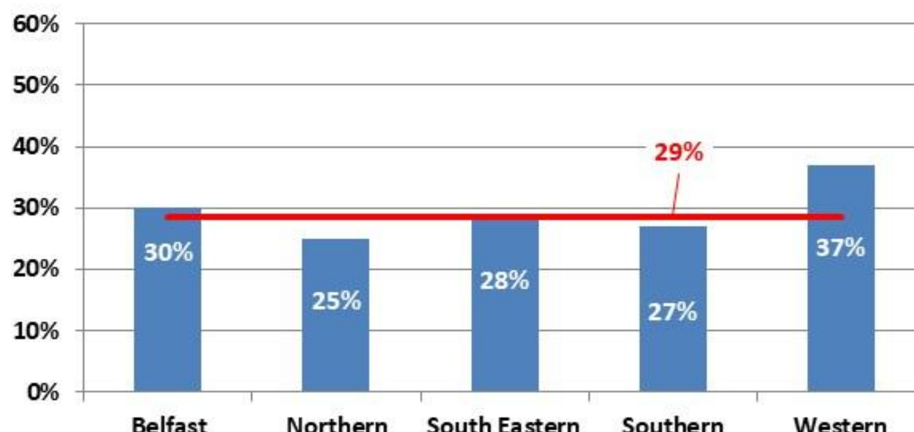


Data Sources: population is NHAIS at April 2021 and NISRA deprivation measures

41% of people report they have a long-standing illness

29% of people report they have a limiting long-standing illness





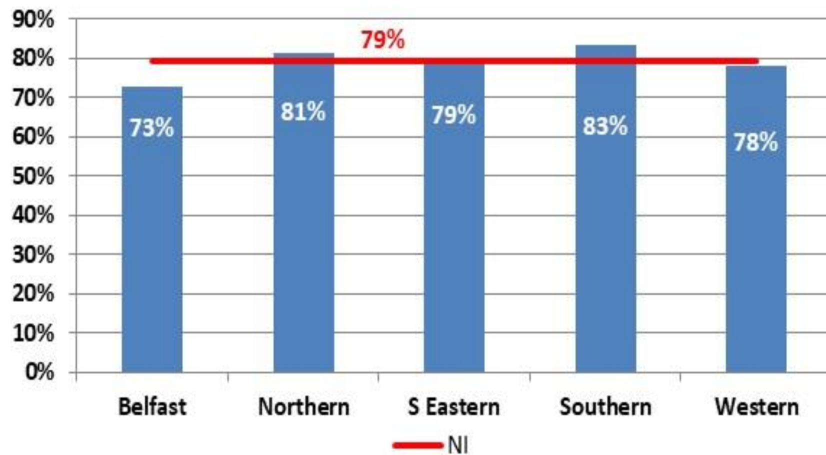
- In Northern Ireland, 41% of respondents indicated that they have a long-standing illness, while 29% reported they have a limiting long-standing illness.
- Across HSC Trusts, levels reporting a long-standing illness ranged from 36% in Southern Trust to 48% in Western Trust.
- Across HSC Trusts, levels reporting a limiting long-standing illness ranged from 25% in Northern Trust to 37% in Western Trust.

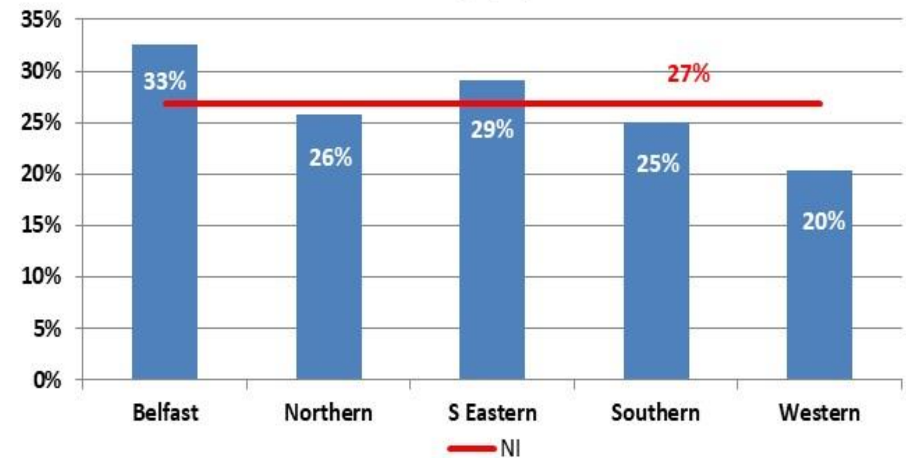
Please note, NI Health Survey Results are only available at HSC Trust and not at any level lower than this.

Data Sources: DoH – 2020/21 NI Health Survey.

79% of people report that their general health is 'good' or 'very good'

27% of respondents showed signs of a possible mental health problem



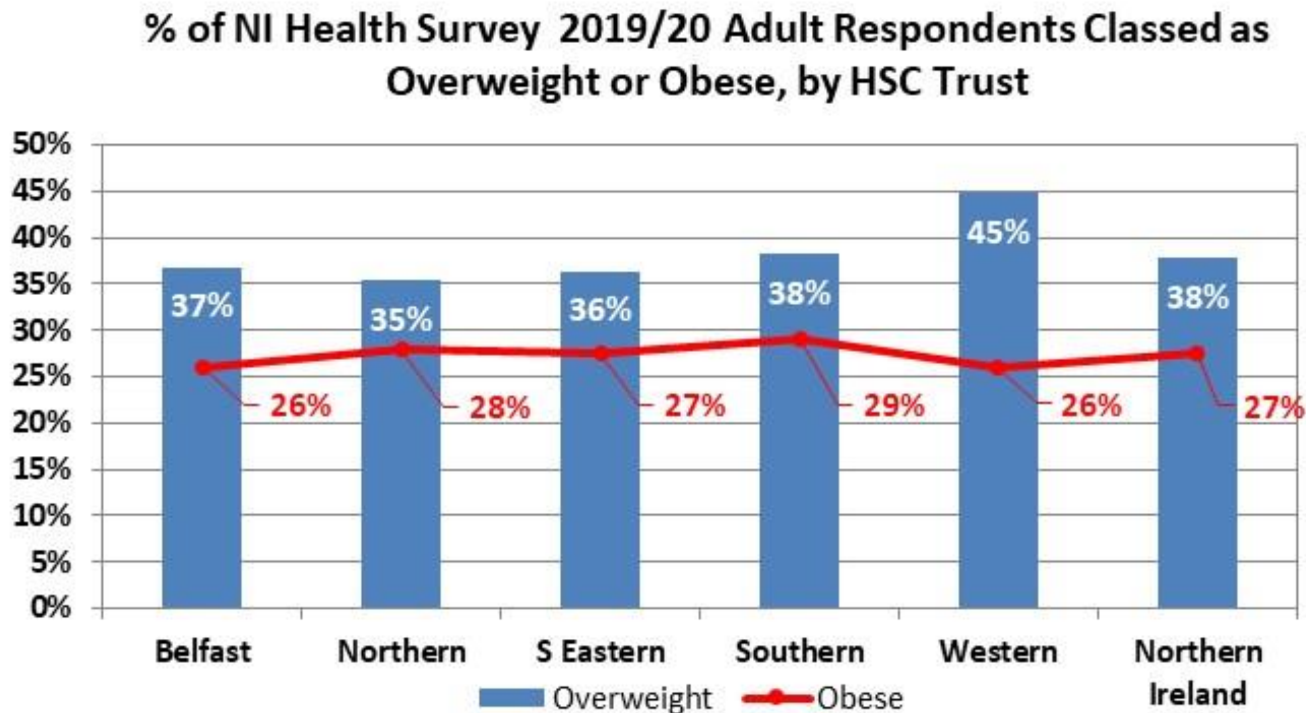


- In Northern Ireland, 79% of respondents indicated that their general health was "good" or "very good".
- Across HSC Trusts, levels ranged from 73% in Belfast Trust to 83% in Southern Trust.
- In Northern Ireland, 27% of respondents scored 4 or more on the GHQ12 questionnaire.
- Across HSC Trusts, this ranged from 20% in Western Trust to 33% in Belfast Trust.

Please note, NI Health Survey Results are only available at HSC Trust and not at any level lower than this.
The General Health Questionnaire (GHQ12) is designed to detect the possibility of psychiatric morbidity in the general population. People are asked to respond to 12 questions about general levels of happiness, depression, anxiety and sleep disturbance. A score is constructed from the responses, with a score of 4 or more being "high" on the GHQ12 & classified as possible psychiatric disorder.

Data Sources: DoH – 2020/21 NI Health Survey.

65% of people measured were overweight (38%) or obese (27%)



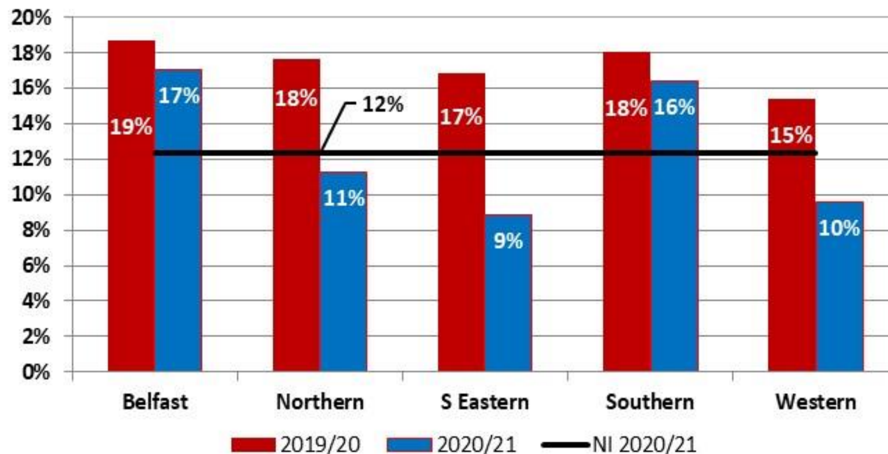
- In Northern Ireland, 65% of adults measured were overweight (38%) or obese (27%).
- Across HSC Trusts, levels of obesity are quite similar & there are only slight differences between Trusts in terms of levels of being overweight.

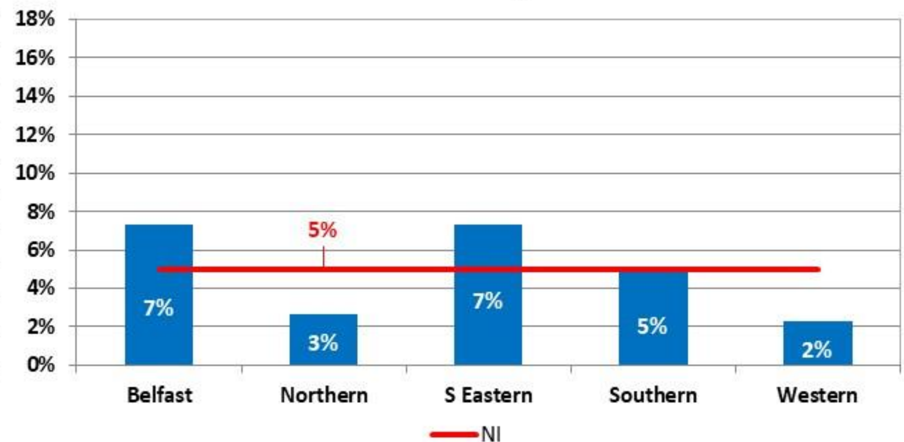
This question was not asked in 2020/21.

Data Sources: DoH - 2019/20 NI Health Survey. Note results are not available for release at a level lower than HSC Trust.

12% of respondents indicated that they currently smoke cigarettes

5% of respondents indicated that they currently use electronic cigarettes





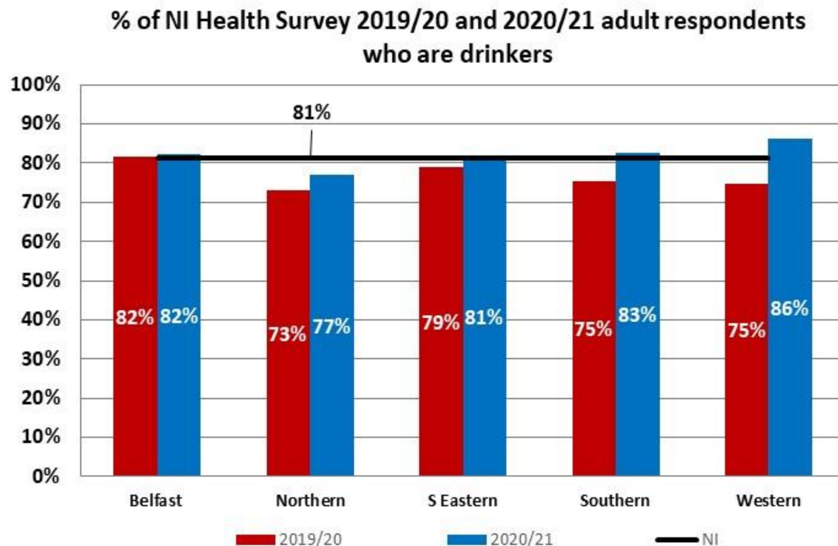
- In Northern Ireland, 12% of respondents indicated that they currently smoke cigarettes. Across HSC Trusts, levels ranged from 9% in South Eastern Trust to 17% in Belfast Trust. Levels of smoking are shown to have decreased in all HSC Trusts, compared to the findings of the 2019/20 Health Survey.

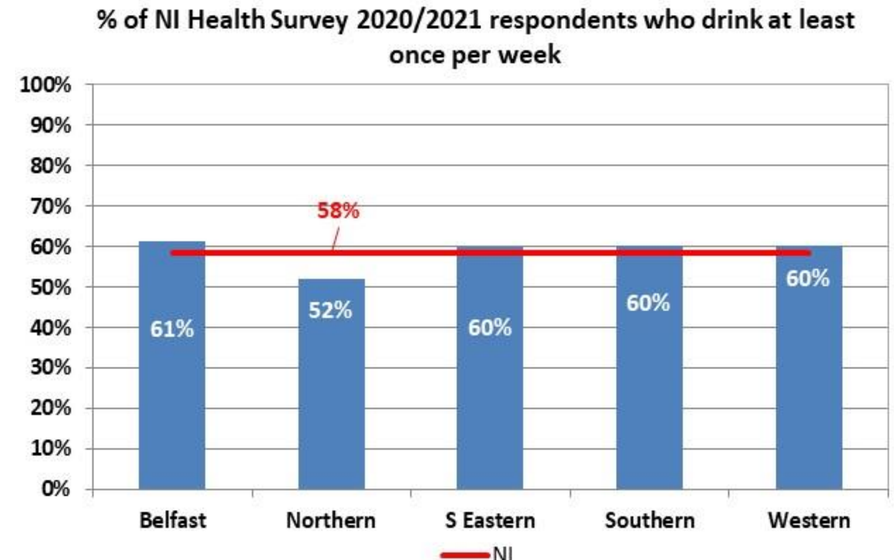
- 5% of respondents indicated that they currently use electronic cigarettes, with levels ranging from 2% in the Western Trust to 7% in both the Belfast and South Eastern Trusts.

Data Sources: DoH – 2019/20 and 2020/21 NI Health Surveys . Note results are not available for release at a level lower than HSC Trust.

81% of adults reported drinking alcohol

58% of adults reported drinking alcohol at least once per week

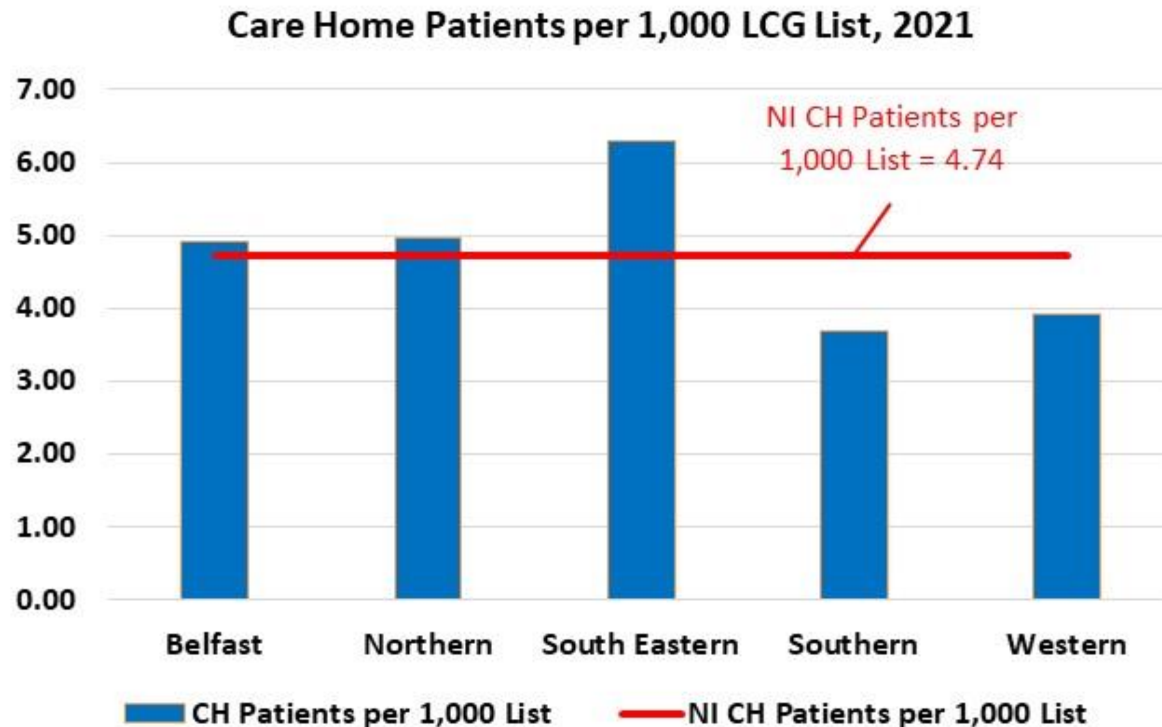




- 81% of adult respondents reported drinking alcohol, ranging from 77% in Northern Trust to 86% in Western Trust; levels reported in the Health Survey are higher for all HSC Trusts than in the Health Survey last year.
- 58% of adult respondents reported drinking alcohol at least once per week, ranging from 52% in Northern Trust to 61% in Belfast Trust.

Data Sources: DoH – 2019/20 and 2020/21 NI Health Surveys . Note results are not available for release at a level lower than HSC Trust.

4.74 per thousand people in Northern Ireland are in a care home

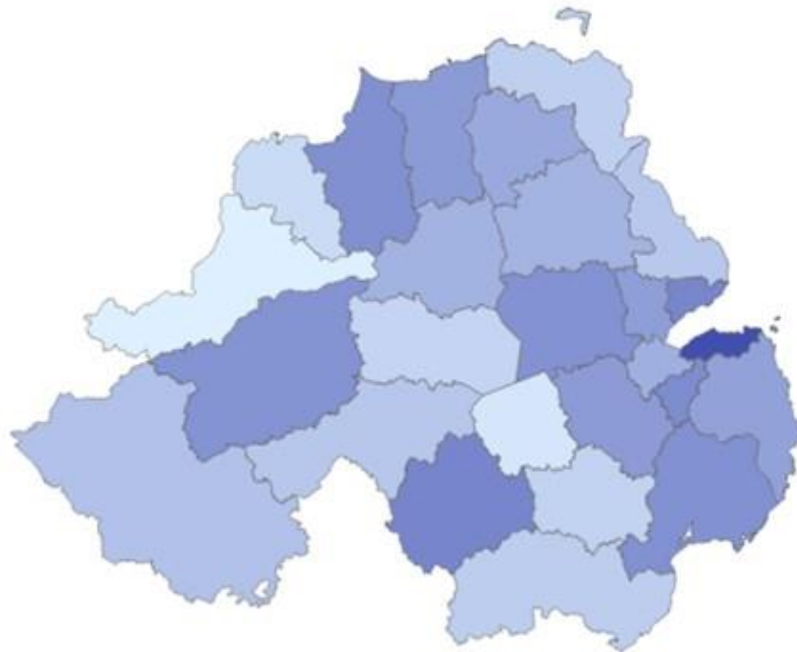


- In Northern Ireland, 4.74 per thousand people are in a care home, ranging from 3.69 in the Southern LCG, to 6.31 in the South Eastern LCG.
- However, in terms of GP practices, this varies substantially from zero (in 7 practices) to 23.2 people per 1,000 population (a practice in Belfast).

Data Sources: Care Home Places Identified by the BSO on NHAIS at April 2021

Care home patients by LGD

Care home patients per 1,000 list, by LGD



LGD1992	CH Patients per 1,000 List
Strabane	2.24
Craigavon	2.60
Derry	3.02
Cookstown	3.29
Banbridge	3.35
Moyle	3.48
Newry and Mourne	3.59
Larne	3.77
Dungannon	3.81
Fermanagh	4.04
Ballymena	4.60
Magherafelt	4.62
Belfast	4.76
Ballymoney	4.97
Ards	5.27
Newtownabbey	5.44
Lisburn	5.53
Coleraine	5.55
Omagh	5.86
Antrim	5.88
Down	5.94
Limavady	5.98
Castlereagh	6.08
Carrickfergus	6.33
Armagh	6.35
North Down	8.52

- In LGDs across the country, the number of care home patients per 1,000 list ranges from 2.2 in Strabane LGD to 8.5 in North Down LGD.
- Note, in Northern Ireland, 4.74 per thousand people are in a care home

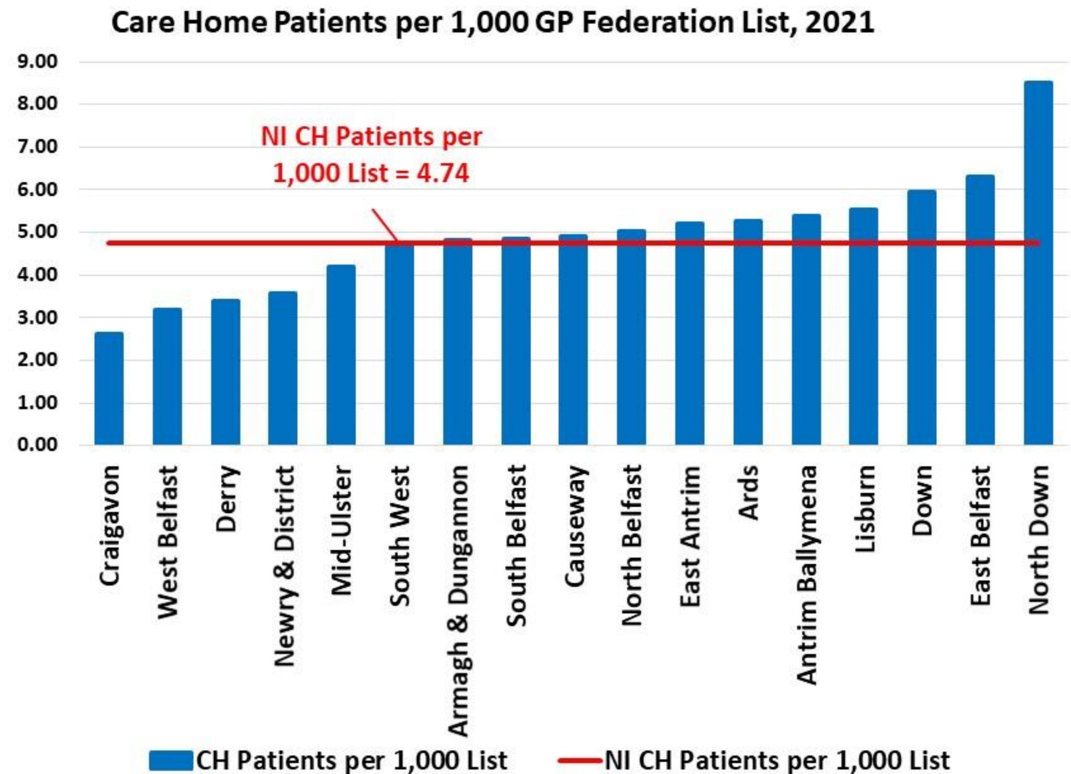
Data Sources: Care Home Places Identified by the BSO on NHAIS at April 2021

Care home patients by GP Federation

The number of care home patients per 1,000 patients, across GP Federations, ranges from 2.62 in Craigavon, to 8.52 in North Down; the Northern Ireland figure is 4.74.

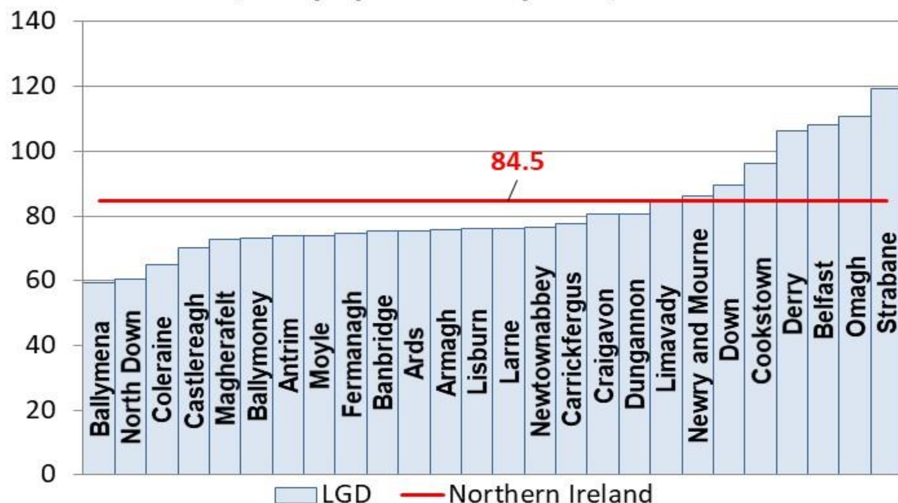
Care home patients incur additional workload for GPs, much of which is due to travel time, as well as increased prescribing costs for practices. Both of these demands are addressed within the budget allocation formulae for resource allocation (the Prescribing formula and the Global Sum Workload Formula).

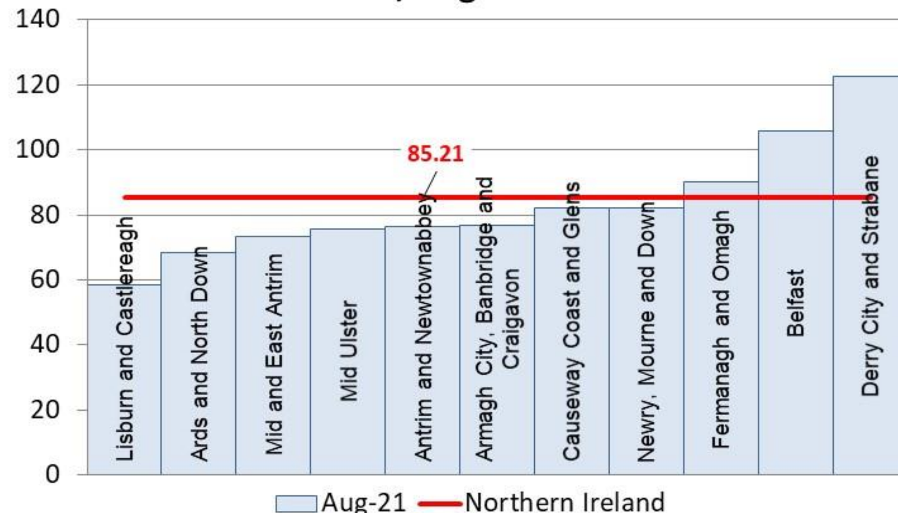
The variation shown in the number of care home patients per 1,000 list across Federations again shows that Federations may be facing different pressures in this area.



Data Sources: Care Home Places Identified by the BSO on NHAIS at April 2021

Differences in levels of disability benefit claimants





- From June 2016 in Northern Ireland, Personal Independence Payment (PIP) was introduced to replace Disability Living Allowance (DLA) for people aged between 16-64 who meet the criteria. With the phasing out of DLA, the DLA chart for 2018 has not been updated, although has been retained as it shows differences between LGDs.
- PIP data is only available for the new LGDs on a monthly basis. Whilst not completely comparable to previous DLA data (available for the former 26 LGDs and at annual level), the PIP chart also shows differences in claimant rates across LGDs, which may represent different levels of demand on GP practices in different geographical areas.
- It is expected that future PIP claimant data will show continued increased claimant numbers as it is introduced more fully.

Data Sources: NISRA NINIS - Disability Living Allowance Recipients (administrative geographies) - 1999-2018; NISRA - Population and Migration Estimates Northern Ireland - Mid-Year Population Estimates; and Personal Independence Payment Statistics, Department for Communities, 2021

Prevalence of long term conditions is increasing & is often under recorded

Prevalence per 1,000 GP registered patients

Disease	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
CHD	39.85	39.40	39.10	38.81	38.42	38.20	37.84	37.47	37.34	37.15	36.87
Stroke	17.53	17.83	17.53	17.94	18.13	18.46	18.71	18.88	19.25	19.38	19.46
Hypertension	126.33	127.38	128.70	130.50	131.89	133.28	134.49	136.19	137.92	139.70	138.64
COPD	16.77	17.37	18.08	18.56	19.10	19.75	20.35	20.78	21.27	21.68	20.97
Cancer	14.35	16.18	17.69	19.12	20.38	21.76	23.01	24.37	25.77	26.97	27.64
Mental Health	8.19	8.28	8.44	8.54	8.62	8.77	8.91	9.06	9.16	9.25	9.31
Asthma	59.02	59.81	60.43	60.48	60.33	60.28	61.10	62.00	61.87	65.93	60.90
Atrial Fibrillation	13.83	14.34	14.54	15.12	15.88	16.76	17.71	18.94	19.82	20.68	20.90
Diabetes aged 17+	49.21	50.87	52.70	54.16	55.63	57.40	59.68	61.82	63.70	65.88	66.25

Reported versus Expected Prevalence 2020-21

Disease	Reported Prevalence	Expected Prevalence	Ratio
CHD	73,954	74,053	0.9987
Stroke	39,025	39,138	0.9971
Hypertension	278,101	278,532	0.9985
Asthma	122,163	122,117	1.0004
Cancer	55,433	55,581	0.9973
COPD	42,055	42,581	0.9876

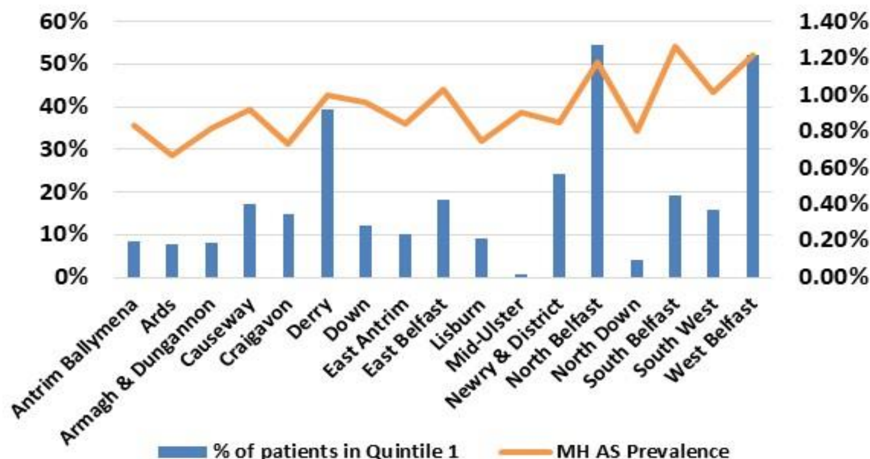
Caution should be taken when looking at prevalence trends, as year-on-year changes can be influenced not only by changes in the prevalence of the condition within the population, but also by demographic changes (ageing population) and improvements in case finding by practices. Criteria for QoF register inclusion is very specific and may not be directly comparable with other sources of prevalence due to definitional differences.

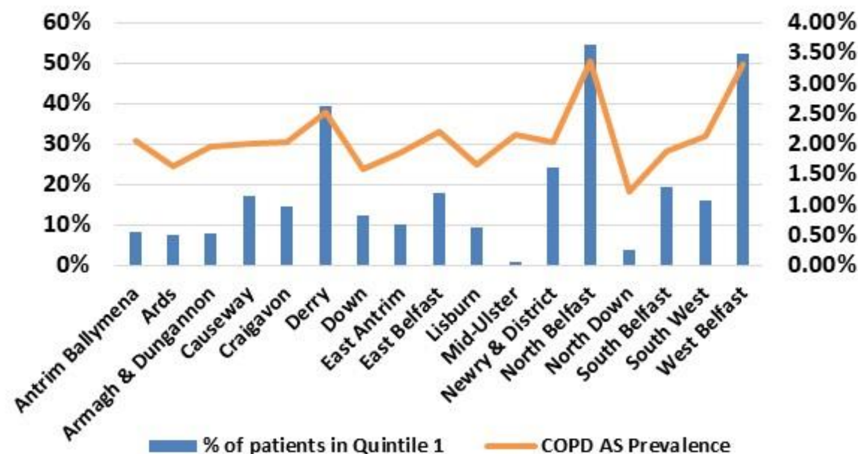
Although recorded prevalence is increasing for the majority of diseases, diagnosis rates for selected conditions show under diagnosis.

It is not possible to directly age standardise QoF prevalence; here we have applied disease profiles from other sources to NI GP lists to arrive at expected prevalence, i.e. the level of prevalence we would expect in NI given the age-gender profile of our population (this is an indirect method of age standardisation).

Data Sources: QOF 2010/11 -2020/21 and expected prevalence calculated using disease/morbidity profiles from various sources including PRIMIS, Cancer Registry & research papers

Greater disease prevalence is often seen in Federations with higher levels of deprivation

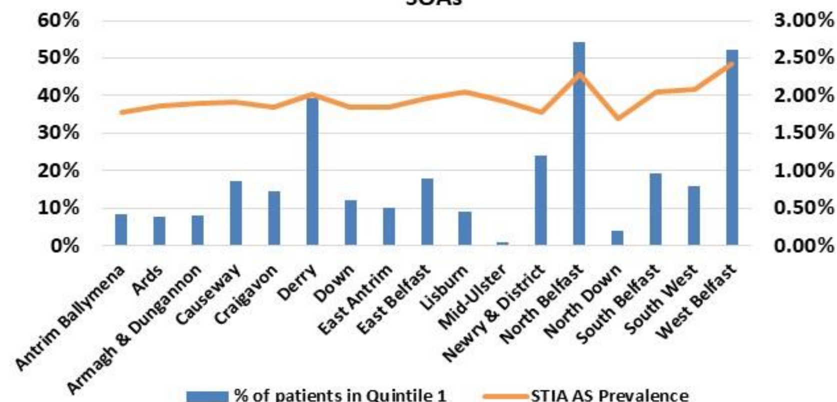




A relationship between prevalence and deprivation within Federations does seem apparent for certain diseases, higher levels of which have been linked to deprivation.

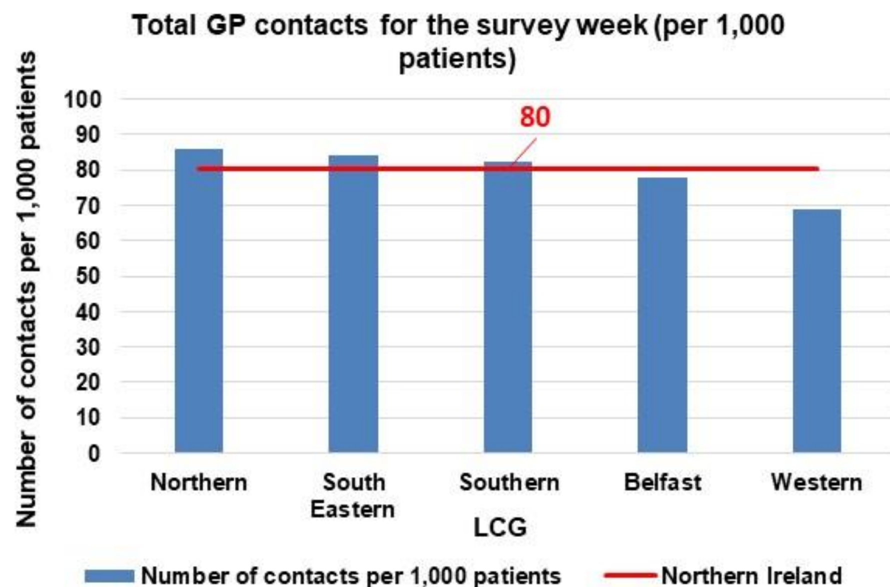
For example, Federations with higher percentages of patients living in the most deprived SOAs (the blue bars in the charts) often also had higher levels of age-standardised Mental Health, COPD and Stroke prevalence i.e. the rise and fall of the orange line often corresponds to the height of the blue bars.

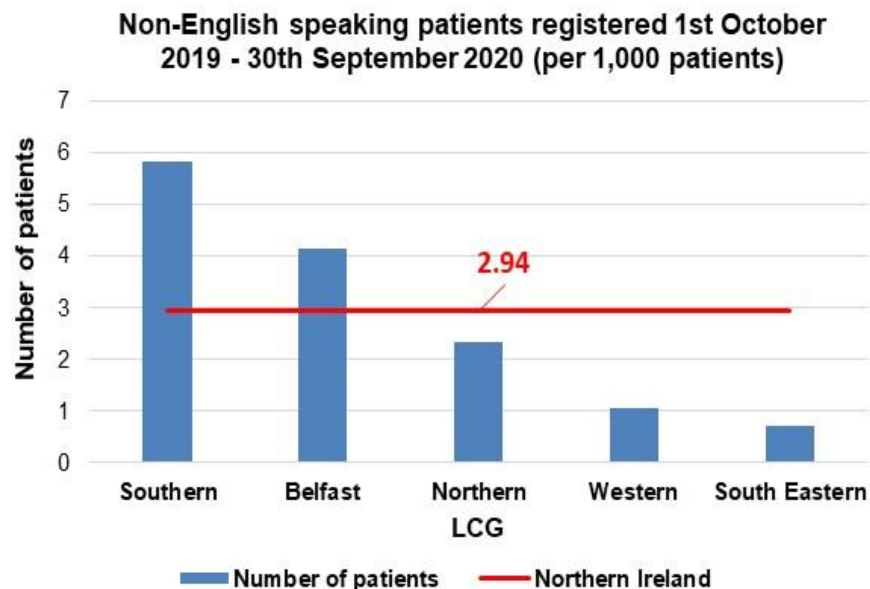
A similar relationship, to varying degrees, is apparent in other disease areas, such as Coronary Heart Disease and Asthma.



Data Sources: QOF 2020/21 and AS (age standardised) disease prevalence calculated using disease/morbidity profiles from various sources including PRIMIS & research papers

Practice activity and workload differences





- Differences in activity and workload may place different pressures on GPs. The Practice Activity and Workload Report November 2020 shows differences between a number of factors, at LCG level.
- Northern LCG had the greatest total GP contacts for the survey week (86 per 1,000 patients), compared to Western LCG with 69 per 1,000 patients.
- Southern LCG had the greatest number of non-English speaking patients registered during 1st October 2019 to 30th September 2020 (6 per 1,000) compared to Western and South Eastern, both with 1 per 1,000 patients.
- Differences were also found in relation to total number of prescriptions issued, ranging from 147 per 1,000 patients in Southern LCG to 195 per 1,000 patients in South Eastern LCG.

Data Sources: Practice Activity and Workload Report November 2020, HSCB

Practices manage to maintain consistent recording and control of some clinical outcomes

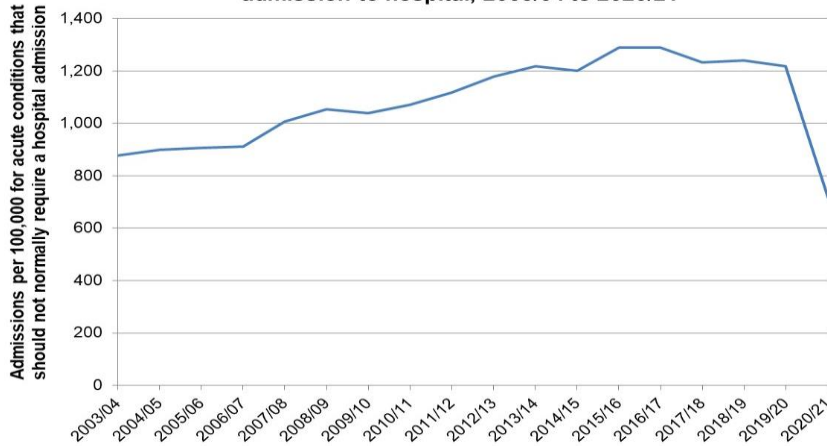
- With increased waiting lists and pressures, practices have managed to maintain consistent recording and control of some clinical outcomes, but lower achievement in some areas is apparent, compared to the more consistent achievement seen in the past 5 years.
- The Northern Ireland QOF achievement figures for Coronary Heart Disease, Diabetes, Stroke, Asthma and COPD are shown for 2020/21; these have all been relatively stable in each instance over the previous 5 years, but show more fluctuation this year.

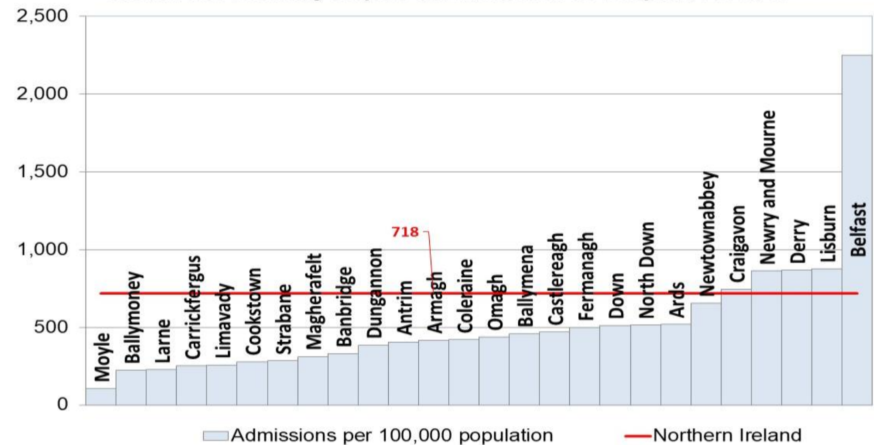
QOF Indicator	NI % achievement in 2020/21
CHD002 Blood Pressure checked	98.45%
CHD002 Blood Pressure controlled	66.26%
CHD003 Cholesterol checked	99.98%
CHD003 Cholesterol controlled	83.38%
DM002 Blood Pressure checked	97.55%
DM002 Blood Pressure controlled	70.98%
DM004 Cholesterol checked	94.94%
DM004 Cholesterol controlled	68.22%
DM007 Blood Sugar Measured	94.30%
DM007 Blood Sugar Controlled 59mmol/mol	53.46%
DM008 Blood Sugar Controlled 64mmol/mol	61.11%
DM009 Blood Sugar Controlled 75mmol/mol	72.10%
STIA003 Blood Pressure checked	97.29%
STIA003 Blood Pressure controlled	63.75%
STIA004 Cholesterol checked	89.58%
STIA005 Cholesterol controlled	79.87%
AST002 Variability Recorded	84.82%
AST003 Asthma Review Conducted	41.12%
AST004 Smoking Status Recorded	49.08%
COPD003 COPD Review Conducted	46.11%
COPD004 Lung Function Measured	80.63%

Data Sources: QOF 2020/21

PRESSURES ON SECONDARY CARE

Emergency admissions for acute conditions that should not usually require hospital admission have fallen, but there is wide regional variation





Emergency admissions for acute conditions that should not normally require hospitalisation, 2020/21

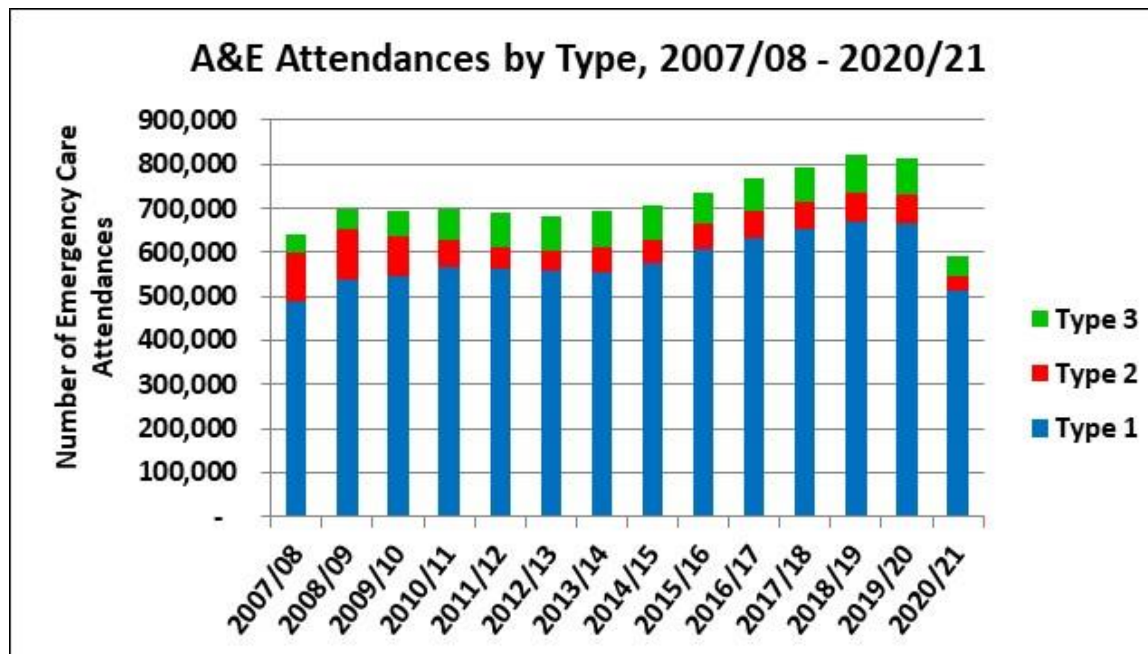
Local Government District (1992)	Admissions per 100,000 population
Moyle	103
Ballymoney	222
Larne	227
Carrickfergus	252
Limavady	258
Cookstown	276
Strabane	284
Magherafelt	309
Banbridge	332
Dungannon	385
Antrim	405
Armagh	417
Coleraine	420
Omagh	437
Ballymena	456
Castlereagh	470
Fermanagh	500
Down	512
North Down	513
Ards	521
Newtownabbey	654
Craigavon	744
Newry and Mourne	862
Derry	866
Lisburn	877
Belfast	2252

- At NI level, this indicator previously showed steady increases, but has fluctuated over the last few years, with a large decrease this year, most probably related to the ongoing Pandemic.
- There was much less regional variation in the past year than is usual; Belfast is now the LGD with the highest figure (2,252 admissions per 100,000 population) and is a noticeable outlier compared to other LGDs.

Admissions are estimated using deaths & discharges. Data relates to acute hospitals only & therefore excludes admissions under mental health.

Data Sources: Hospital Inpatient System

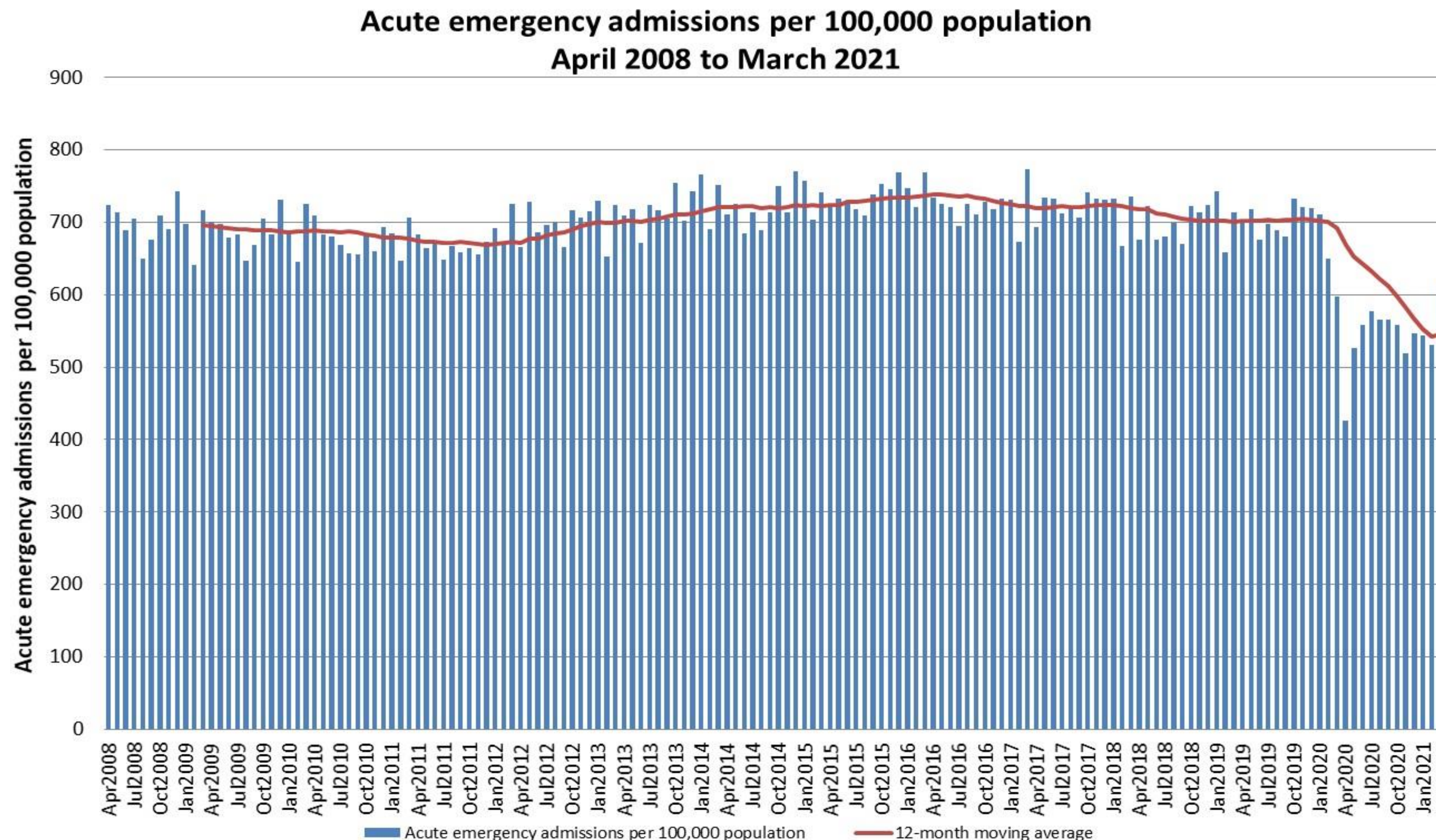
Emergency attendances have fallen this year



Although in recent years A&E attendances have noticeably increased and been on an upward trend, there has been a large overall decrease of 27.1% this year; Types1, 2 and 3 have all fallen from last year (-22.8%, -51.8% and -42.1% respectively). The impact of the Covid pandemic is most likely to have impacted on attendances.

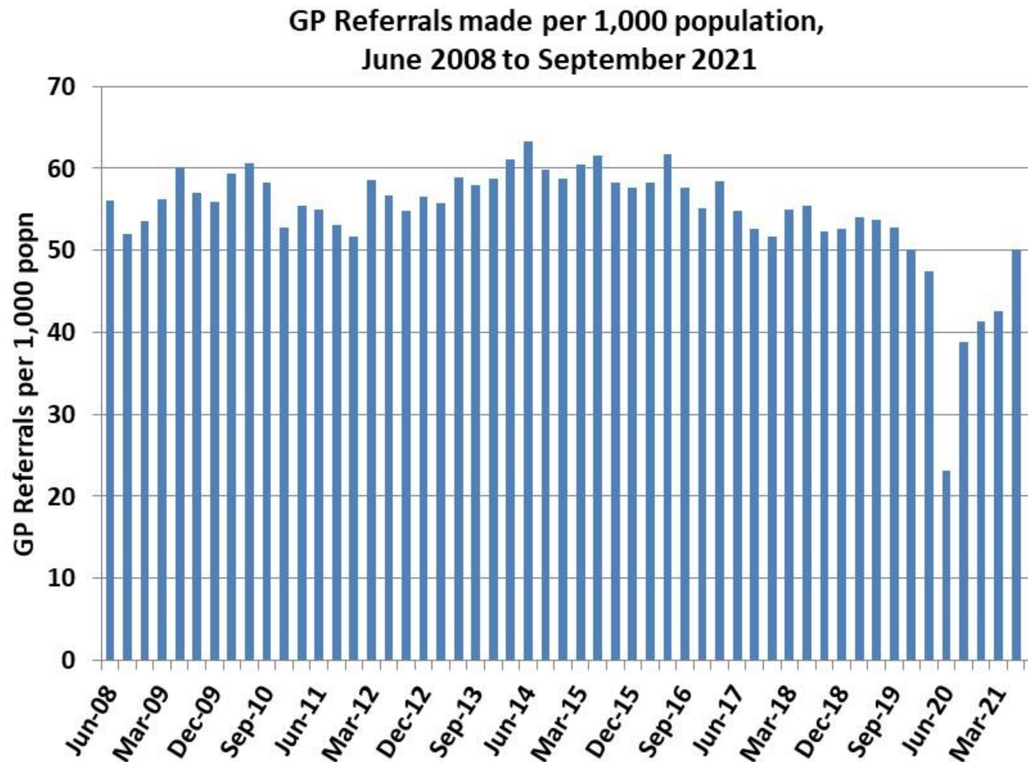
Type I = Consultant-led 24-hour service with full resuscitation facilities.
Type 2 = Consultant-led single specialty service, e.g. dental, ophthalmology, etc.
Type 3 = Other including Minor Injury Units

Emergency pressures have noticeably fallen



•Acute emergency admissions have shown a downward trend in the last 18 months, reaching a new low in April 2020; figures will likely have been affected by the Covid pandemic. Figures have fluctuated, but remained low, in recent months. March 2017 remains the highest figure for the whole time period shown in the chart.

Demand from GPs for acute opinion and intervention

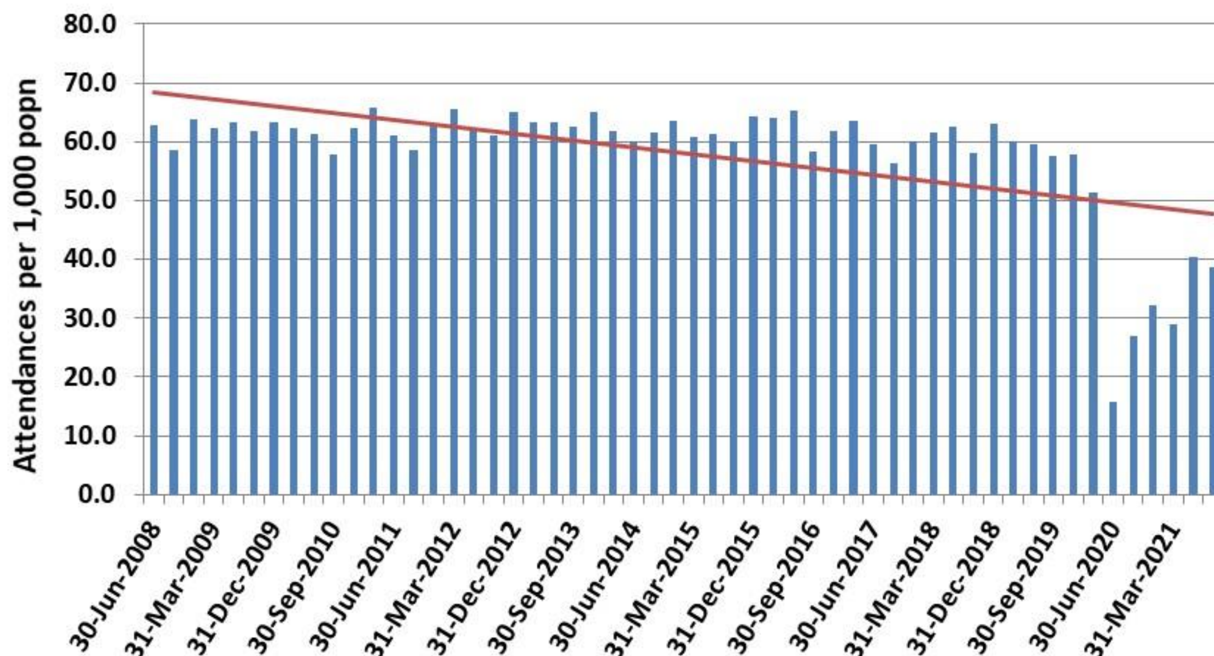


GP referrals increased during 2008/09 & 2009/10; they then decreased to a low in December 2011, with subsequent fluctuations but then a general upward trend until June 2016. The Quarter ending June 2014 saw a peak of 63.3 referrals per 1,000 population. There was a relatively stable rate of referrals from September 2014 to March 2015, before a rise to 61.6 referrals per 1,000 population in June 2016. Levels since this time showed some fluctuation, however the low June and September 2020 figures have been affected by the COVID pandemic. Referrals in 2020/21 have shown an upward trend, except for a fall in the September 2020 quarter.

Figures relate to of referrals made, number subsequently seen is not available (i.e. conversion rate is not available for NI).

Data Sources: DoH – Departmental Returns & Quarterly Outpatient Activity Returns – Hospital Information Branch

Demand from GPs for acute opinion and intervention



Figures include 1st attendances at consultant-led services in the acute & elderly care programmes only. Excludes attendances at non-consultant-led services & those commissioned within the independent sector.

Outpatient Activity attendances are not comparable after March 2015 due to a change in data collection. However, when comparing figures after this time to previous years it seemed to make little difference. From March 2019, the total includes a small number of patients seen at Day Procedure Centres; these patients would previously have been seen at consultant lead outpatient centres.

Although there is quarterly fluctuation in G&A outpatient attendances, these increased annually between 2011/12 and 2013/14. From 2013/14 to 2014/15, this annual figure decreased, but again increased in 2015/16 and 2016/17, with the 2016/17 annual figure reaching a new high. It is worth noting that the 2016/17 quarterly attendances per 1,000 population fluctuated greatly from 65.3 in June 2016 to a low of 58.3 in September 2016. The annual figure for 2017/18 was the lowest since 2008/09, with the September 2017 quarterly figure reaching a new low of 56.4. The 2018/19 annual figure increased, but the September 2018 quarterly figure was again lower than the other 3 quarters. The noticeably low figures in June and September 2020 are related to the effects of the COVID pandemic; subsequent quarters show increases, but remain lower than in previous years.

Data Sources: DoH – Departmental Returns & Quarterly Outpatient Activity Returns – Hospital Information Branch

INEQUALITIES AND VARIATION

QOF Achievement is lower than usual across most Indicator groups

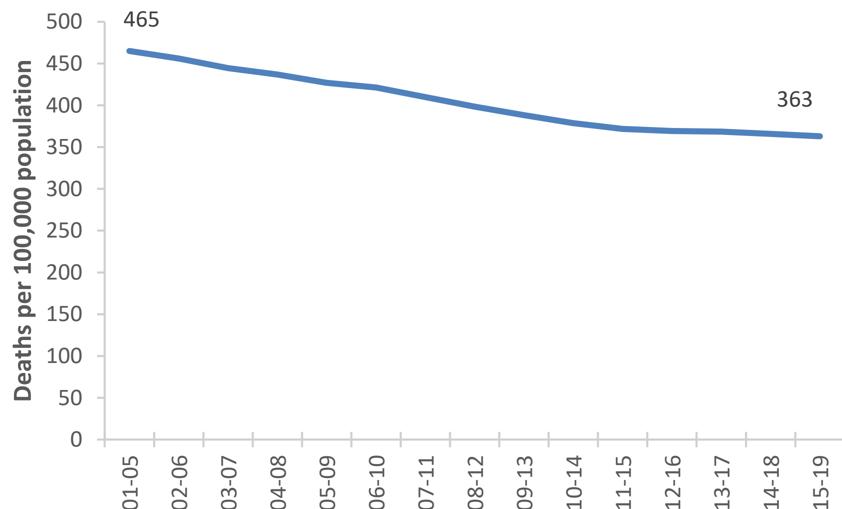
Achievement of available points, by group, 2020/21

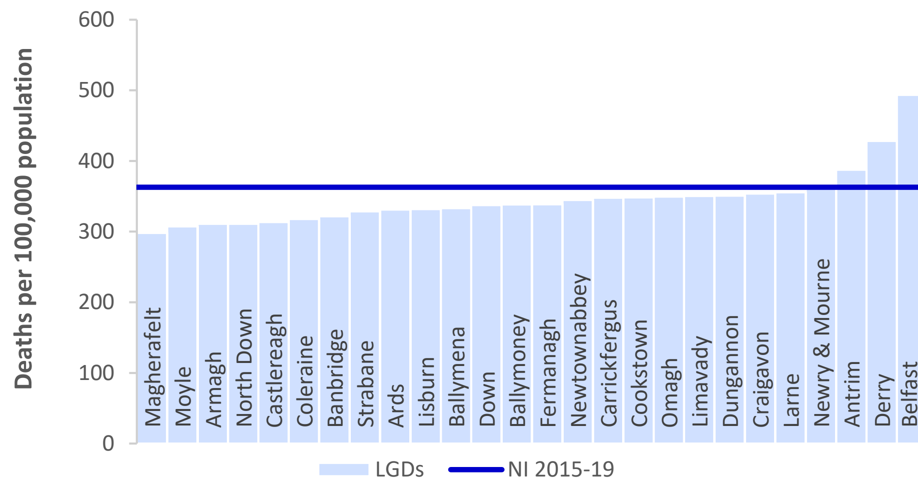
QOF Group	Number of Indicators	Total points available	Total points achieved	% Points Achieved
Cardiovascular	19	49,920	36,669	73.5%
Fertility, Obstetrics & Gynaecology	2	4,368	3,325	76.1%
High Dependency & other long-term conditions	13	26,520	16,355	61.7%
Lifestyle	1	3,120	2,375	76.1%
Mental Health and Neurology	9	19,968	6,084	30.5%
Musculoskeletal	5	7,176	3,664	51.1%
Respiratory	8	22,776	12,160	53.4%
Undefined group	6	36,816	36,816	100.0%

- QOF achievement data was reported for 312 general practices*. Overall, the average achievement in Northern Ireland was 376.4 of the 547 points available (68.8%).
- No practices achieved the maximum points of 547.
- Achievement was lower than usual across the named groups of QOF indicators. The outbreak of Covid-19 in the final quarter of 2019/2020 had a significant impact on how GP practices managed the treatment of patients. The outcome of negotiations resulted in elements of the GMS Contract being stood down and QOF activity and reporting was suspended. QOF data for 2020/2021 has been affected by the unprecedented impact of Covid-19.

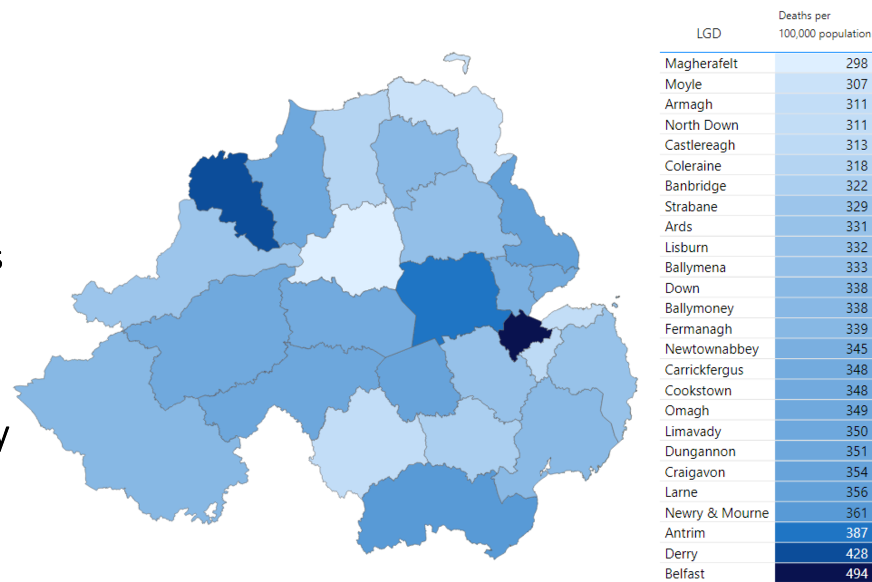
* An agreement regarding QOF achievement was in place between the HSCB and 9 practices in relation to issues which the HSCB recognised would impact on QOF achievement in 2020/21. These issues related to practice closures, dispersals and mergers and the subsequent impact on practices. These 9 practices were excluded from all analysis.

All Cause Mortality (U75)
(All figures per 100,000 population)





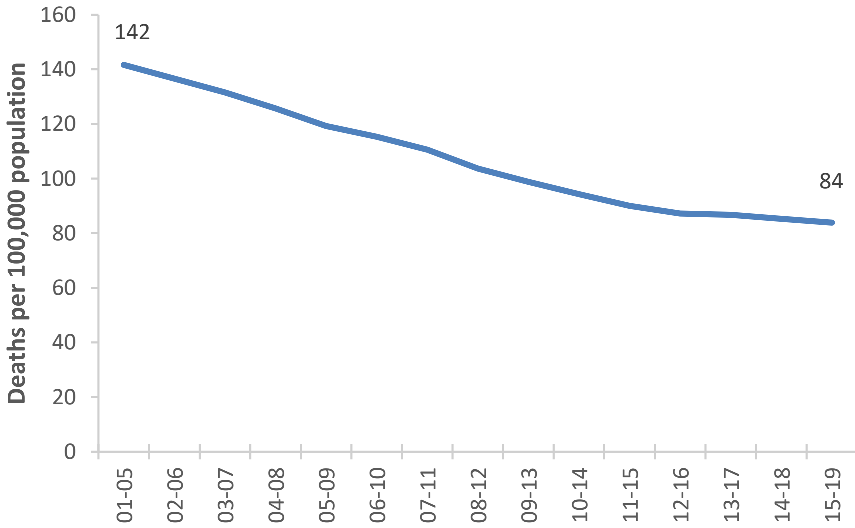
- Regionally, this metric shows a decreasing trend over the last 15 years.
- In 2015-19 there was a large variation between Local Government Districts (LGDs), ranging from 298 deaths per 100,000 population in Magherafelt to 494 in Belfast.
- The mortality rate was highest in the Belfast and Derry districts. These districts contain two of Northern Ireland's highest populated cities.

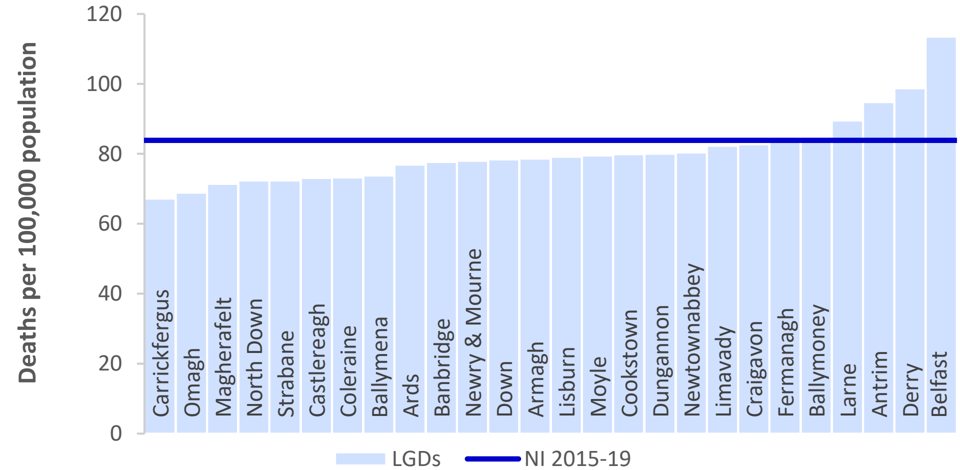


LGD	Deaths per 100,000 population
Magherafelt	298
Moyle	307
Armagh	311
North Down	311
Castlereagh	313
Coleraine	318
Banbridge	322
Strabane	329
Ards	331
Lisburn	332
Ballymena	333
Down	338
Ballymoney	338
Fermanagh	339
Newtownabbey	345
Carrickfergus	348
Cookstown	348
Omagh	349
Limavady	350
Dungannon	351
Craigavon	354
Larne	356
Newry & Mourne	361
Antrim	387
Derry	428
Belfast	494

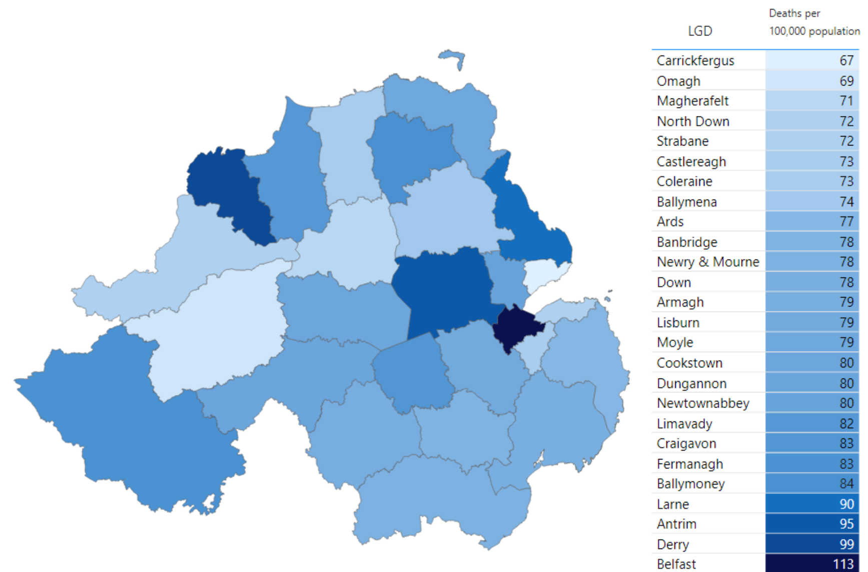
Data source/s: HSCIMS

Mortality from Causes Considered Treatable by Health Care (U75)
(All figures per 100,000 population)





- Regionally, treatable mortality decreased by approximately two-fifths across the last 15 years.
- In 2015-19, there was a large variation between Local Government Districts (LGDs), ranging from 67 deaths per 100,000 population in Carrickfergus to 113 in Belfast.

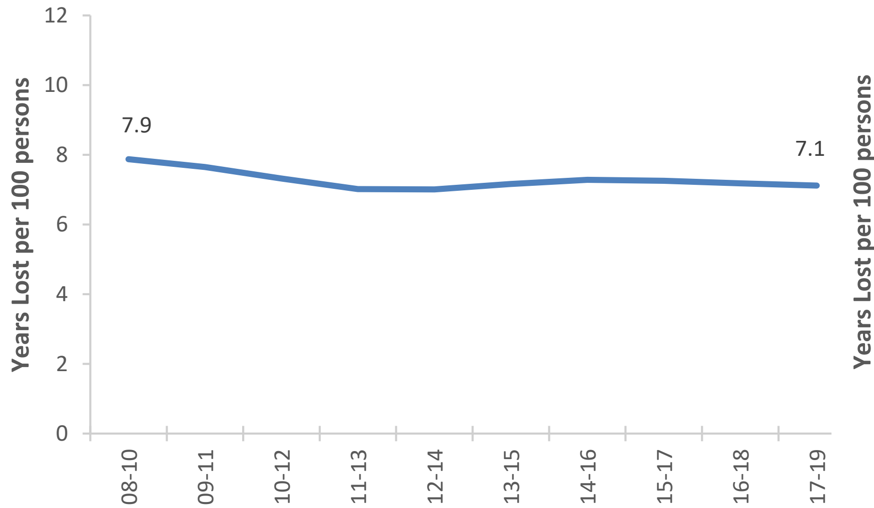


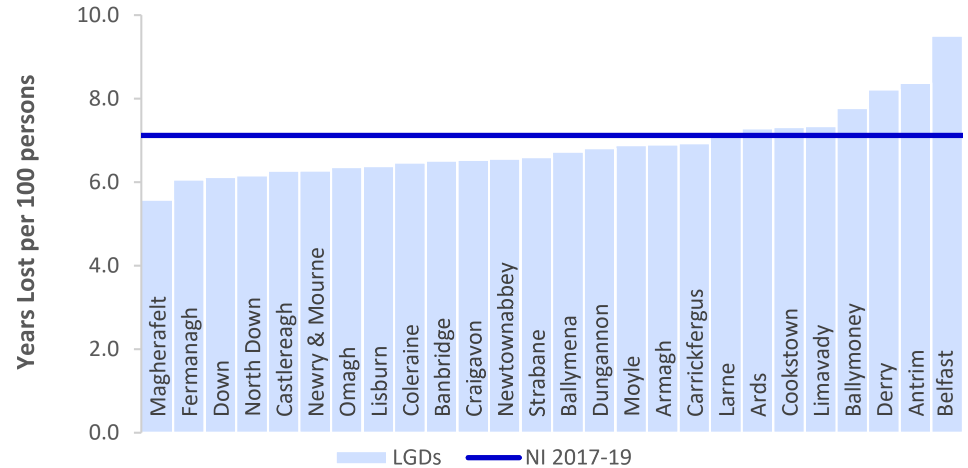
LGD	Deaths per 100,000 population
Carrickfergus	67
Omagh	69
Magherafelt	71
North Down	72
Strabane	72
Castlereagh	73
Coleraine	73
Ballymena	74
Ards	77
Banbridge	78
Newry & Mourne	78
Down	78
Armagh	79
Lisburn	79
Moyle	79
Cookstown	80
Dungannon	80
Newtownabbey	80
Limavady	82
Craigavon	83
Fermanagh	83
Ballymoney	84
Larne	90
Antrim	95
Derry	99
Belfast	113

Changes to Amenable/Treatable Mortality Definitions: following an Office for National Statistics (ONS) consultation on a new definition of avoidable mortality, a new definition of treatable mortality has been implemented.

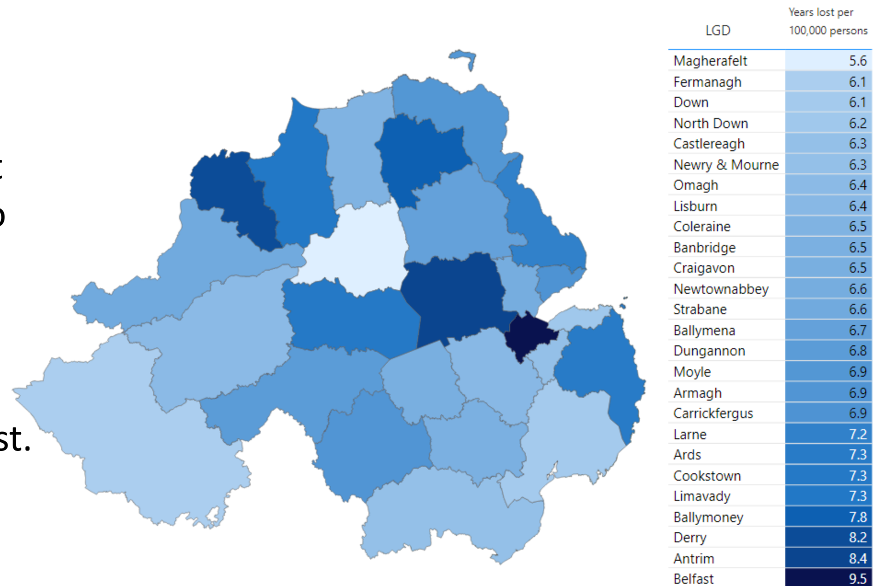
Data source/s: HSCIMS

Female Potential Years of Life Lost (PYLL)
(All figures per 100 persons)





- Although PYLL for females has fluctuated over the last 10 years, it has fallen from 7.9 years lost in 2008-10 to 7.1 years lost in 2017-19.
- In 2017-19 there was a large variation between Local Government Districts (LGDs), ranging from 5.6 in Magherafelt to 9.5 years lost per 100 females in Belfast.

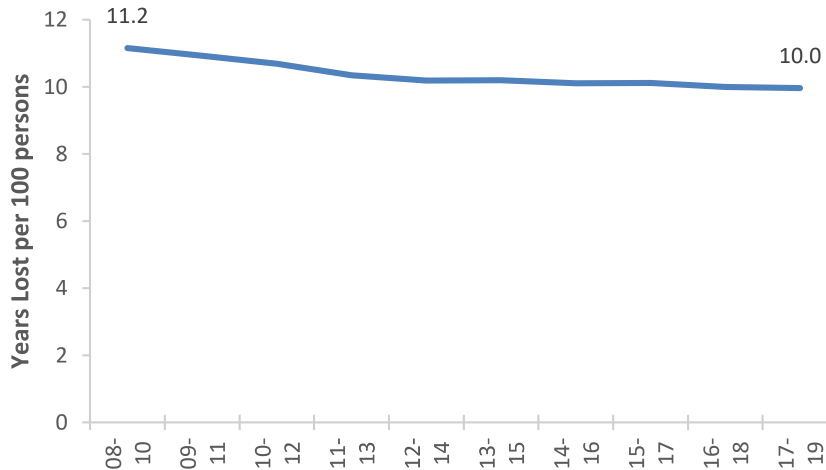


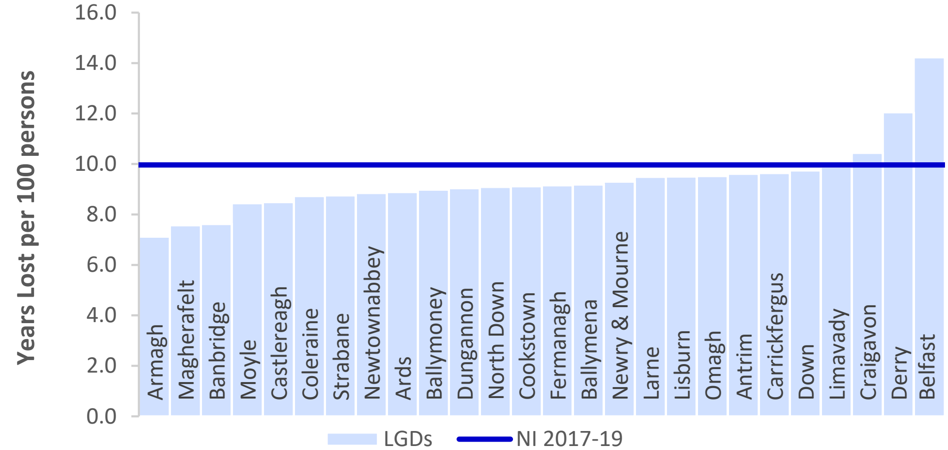
LGD	Years lost per 100,000 persons
Magherafelt	5.6
Fermanagh	6.1
Down	6.1
North Down	6.2
Castlereagh	6.3
Newry & Mourne	6.3
Omagh	6.4
Lisburn	6.4
Coleraine	6.5
Banbridge	6.5
Craigavon	6.5
Newtownabbey	6.6
Strabane	6.6
Ballymena	6.7
Dungannon	6.8
Moyle	6.9
Armagh	6.9
Carrickfergus	6.9
Larne	7.2
Ards	7.3
Cookstown	7.3
Limavady	7.3
Ballymoney	7.8
Derry	8.2
Antrim	8.4
Belfast	9.5

Data source/s: HSCIMS

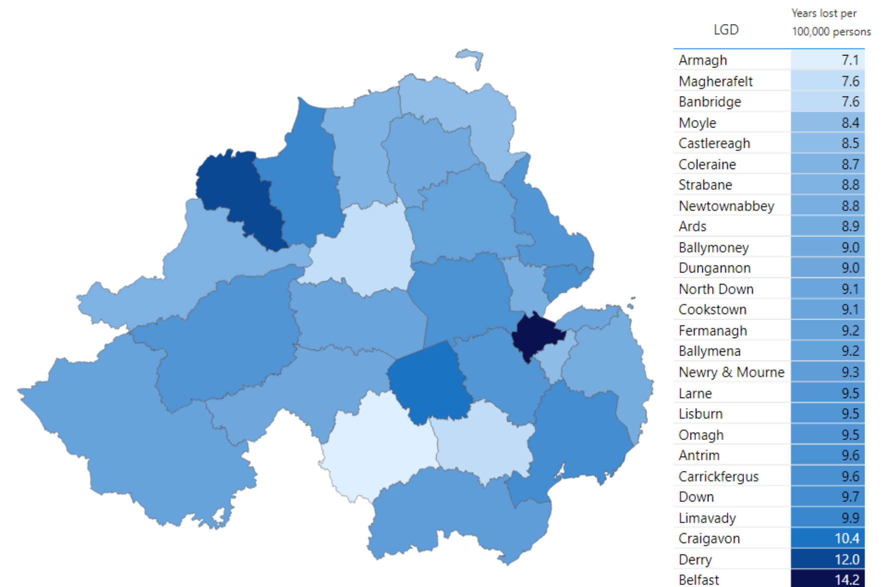
Male Potential Years of Life Lost

(All figures per 100 persons)





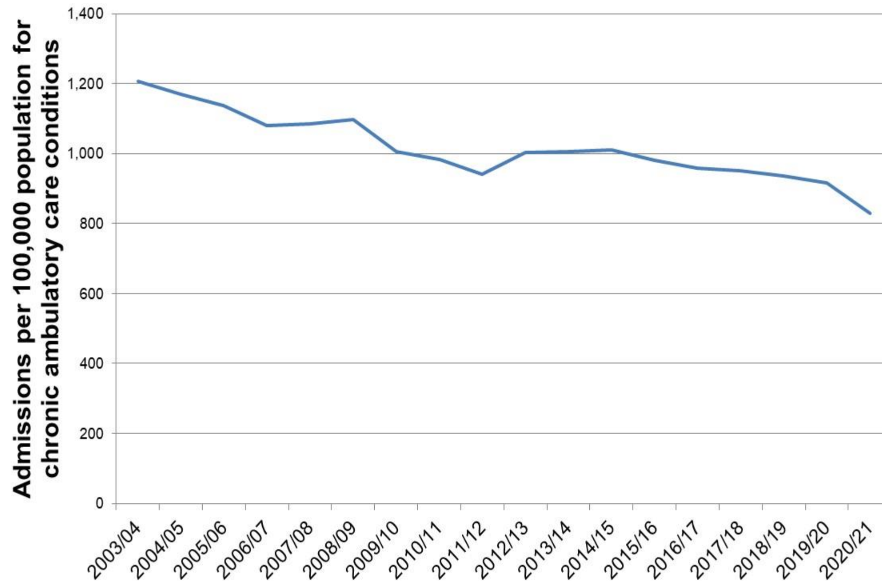
- PYLL for males has decreased over the last 10 years, from 11.2 years lost in 2008-10 to 10.0 years lost in 2017-19.
- In 2017-19 there was a large variation between Local Government Districts (LGDs), ranging from 7.1 in Armagh to 14.2 years lost per 100 males in Belfast.

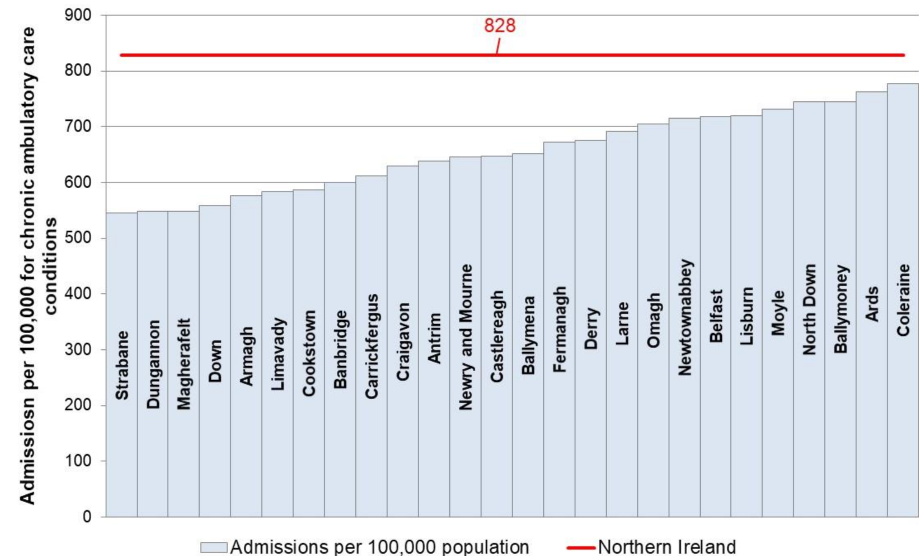


LGD	Years lost per 100,000 persons
Armagh	7.1
Magherafelt	7.6
Banbridge	7.6
Moyle	8.4
Castlereagh	8.5
Coleraine	8.7
Strabane	8.8
Newtownabbey	8.8
Ards	8.9
Ballymoney	9.0
Dungannon	9.0
North Down	9.1
Cookstown	9.1
Fermanagh	9.2
Ballymena	9.2
Newry & Mourne	9.3
Larne	9.5
Lisburn	9.5
Omagh	9.5
Antrim	9.6
Carrickfergus	9.6
Down	9.7
Limavady	9.9
Craigavon	10.4
Derry	12.0
Belfast	14.2

Data source/s: HSCIMS

Unplanned hospitalisations for chronic ambulatory care sensitive (ACS) conditions are falling





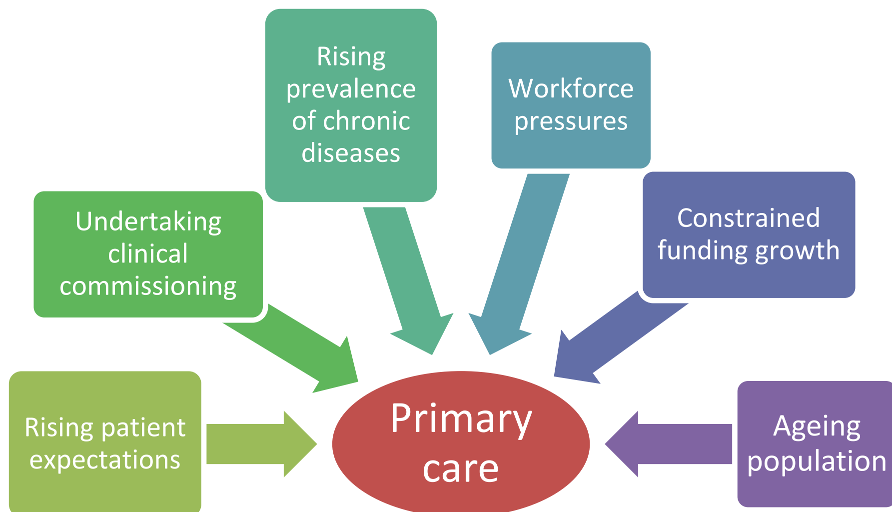
- Although unplanned hospitalisation for chronic ACS conditions has been falling at NI level, there remains wide variation across LGDs (although all LGDs had rates below the NI admissions per 100,000 population).

Ambulatory care sensitive (ACS) conditions are a group of diagnoses including long-term conditions, for which there is evidence that care can be effectively managed outside hospital. The following conditions have been used in the above definition of ACS conditions: asthma, congestive heart failure, diabetes, COPD, angina, hypertension, iron deficiency anaemia, dementia, convulsions & epilepsy, atrial fibrillation and vaccine preventable conditions.

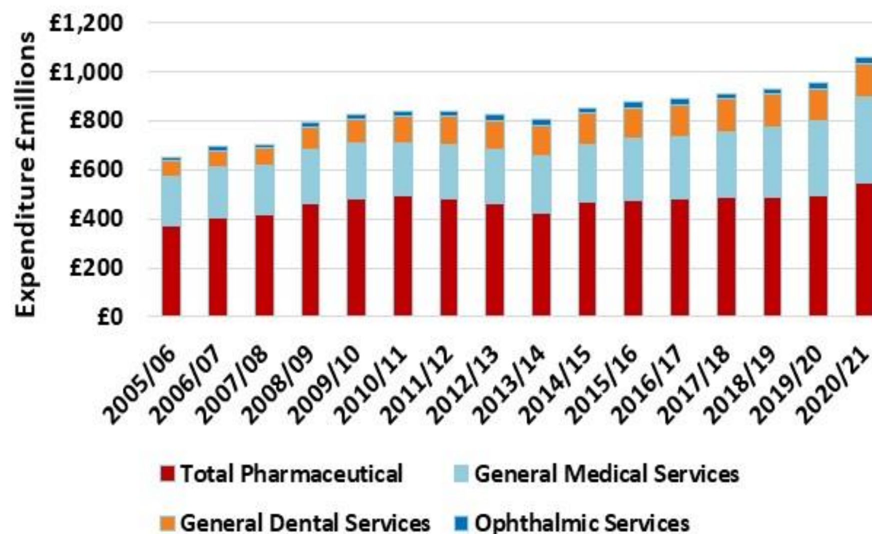
Data sources: Hospital Inpatient System

INCREASED PRESSURE ON HSC FINANCIAL RESOURCES

Spend on General Medical Services has been increasing



Year	Spend per Head on GMS	% Change
2010/11	£120.20	
2011/12	£120.01	-0.16%
2012/13	£120.27	0.22%
2013/14	£126.57	5.24%
2014/15	£128.42	1.46%
2015/16	£133.37	3.85%
2016/17	£135.65	1.71%
2017/18	£139.82	3.07%
2018/19	£148.22	6.01%
2019/20	£158.64	7.03%
2020/21	£178.88	12.76%

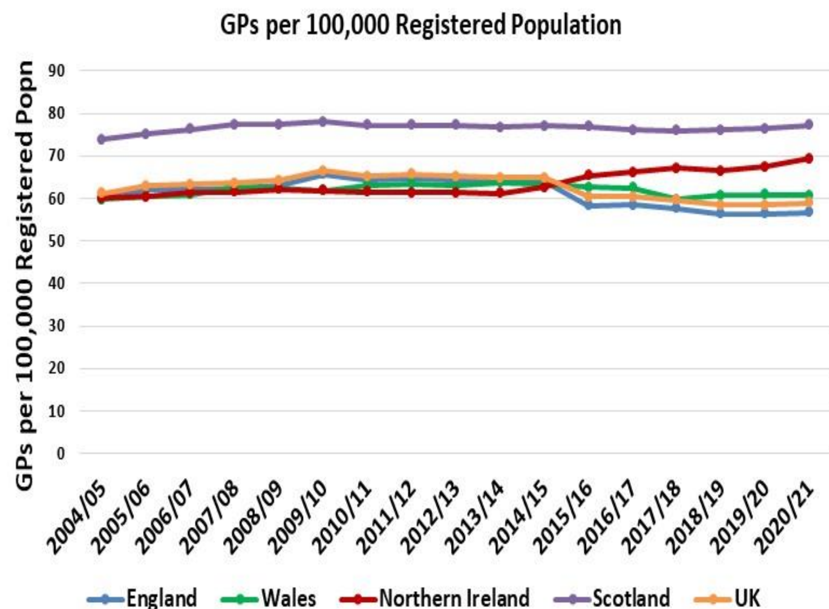


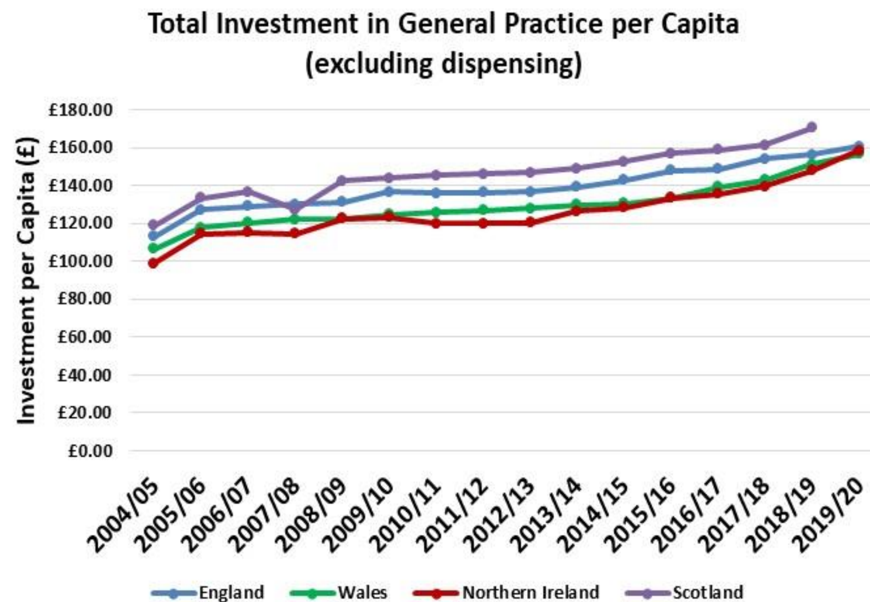
Spend per head on general medical services has been increasing since 2013/14.

Note, the spend per head figures have been calculated using NHAIS registered lists as the denominator, however in 2015/16 the denominator (registered lists) was revised to October of each year to remain consistent with the NHS Digital Publication “General Practice Trends in the UK”

Data sources: Health & Social Care Board Annual Accounts; DoH Accounts and NHAIS Registered List Populations.

GPs per head and spending per head across the UK





- In 2020/21, Northern Ireland had 69 GPs per 100,000 registered population. In recent years, NI had more GPs per 100,000 registered population than England and Wales; Scotland has consistently been highest, with 77 GPs per 100,000 registered population in 2020/21.

- The latest figures for 'Total Investment in General Practice per Capita' available are for 2019/20, however data for Scotland is not available. Northern Ireland has consistently had one of the lowest (or occasionally the joint lowest) total investment in General Practice per Capita over the past 15 years.

Data sources: NHAIS Registered List Populations.
Investment in General Practice reports are now published separately for each country: England (25th March 2021), Wales (9th November 2021), Northern Ireland (8th October 2021; data to 2020/21). Scottish data is not yet available and cannot be updated; as such, a UK figure cannot be calculated for 2019/20.

GP incomes, earnings and expenses reach new high levels

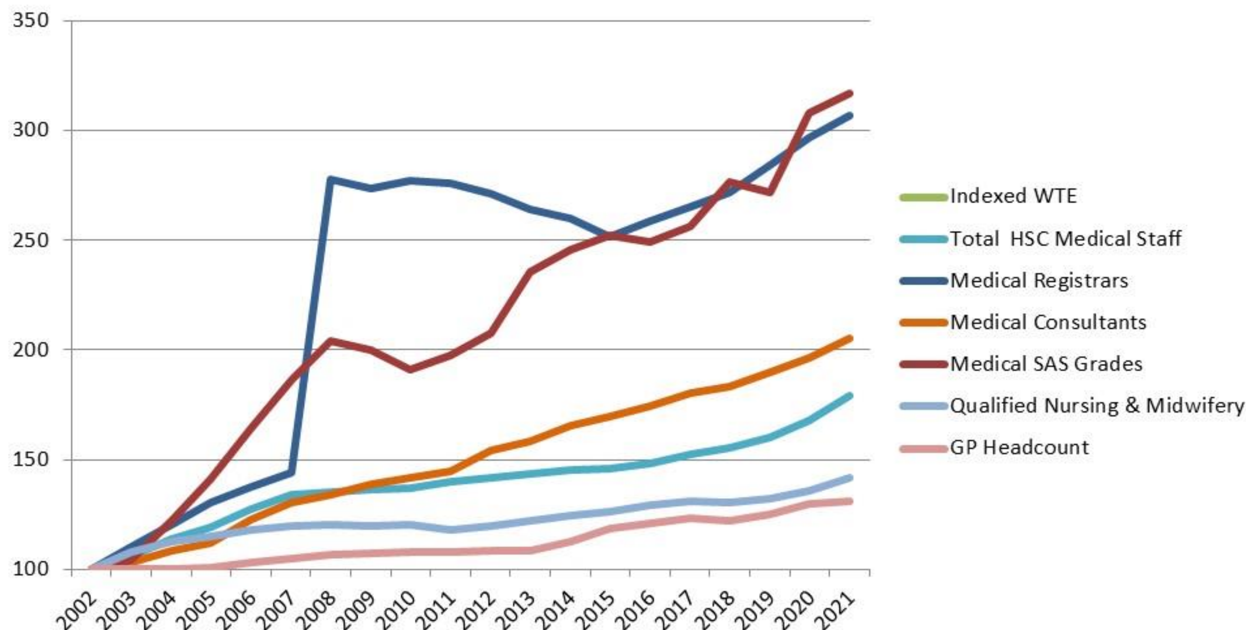
Earnings to Expenses Ratio - N Ireland				
Year	**Gross Earnings**	**Expenses**	**Income Before Tax**	**EER**
2004/05	£173,091	£81,940	£91,151	47.3%
2005/06	£185,205	£86,549	£98,656	46.7%
2006/07	£181,892	£88,577	£93,316	48.7%
2007/08	£181,029	£89,974	£91,056	49.7%
2008/09	£183,700	£94,000	£89,700	51.2%
2009/10	£189,200	£97,800	£91,400	51.7%
2010/11	£185,700	£97,700	£88,000	52.6%
2011/12	£192,600	£99,900	£92,800	51.9%
2012/13	£191,100	£99,000	£92,200	51.8%
2013/14	£199,800	£103,300	£96,500	51.7%
2014/15[R]	£195,400	£102,300	£93,100	52.4%
2015/16	£195,600	£103,500	£92,000	52.9%
2016/17	£195,200	£104,700	£90,500	53.6%
2017/18	£205,700	£112,400	£93,400	54.6%
2018/19	£208,400	£116,200	£92,300	55.8%
2019/20	£228,000	£128,400	£99,600	56.3%

• There was a gradual fall in GP incomes from a high of £98.7k in 2005/06, the year after the new Contract was introduced; the 2019/20 figure is a new peak since this.

• GPs pay for expenses out of their gross earnings and from 2006/07 to 2010/11, these costs showed a greater % increase than earnings. This relationship has fluctuated over the years, with increases of 9.4% for earnings and 10.5% for expenses in 2019/20. Income increased by 7.9%; all are greater fluctuations than is usual.

Data source: NHS Digital

The General Practice workforce is not growing as quickly as in other areas of the health service



SAS Grades include associate specialists, staff grade & specialty doctors. Departmental codes have been used to remove dental staff. The large increase in medical registrars & more gradual increase in SAS grades is due to re-grading.

- Full-time equivalent hospital registrars have increased at an annual average rate of 7.4%, hospital consultants at 3.9%, SAS Grades at 6.5% and GPs at 1.4%.

- Note, since introduction of the nGMS Contract, data is no longer available on the number of general practice staff (nurses or admin) and wte is no longer available for GPs. The possible trade-off between GP principals & nurse practitioners therefore cannot be quantified.

Data Sources: Human Resource Management System (2002-2012) and Human Resource, Payroll, Travel & Subsistence system (2013-2021)

Changing status of GPs in recent years

- While the number of GP partners has changed little (1,083 to 1,130; +4%), there has been a significant increase in the number of doctors choosing to take up salaried positions (76 to 161; +112%) or to work solely in the out of hours setting (40 to 48; +20%) between 2014/15 and 2019/20.

- While the total number of GPs in the workforce has been gradually increasing, there has been a reduction of 8% in the total number of in-hours GMS sessions worked by those GPs in recent years, as shown below. The majority of in hours GP work continues to be undertaken by GP Partners.

Total in-hours GP sessions worked, during GP appraisals

	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	Change from 2014 (%)
In Hours	9,780	9,786	9,624	9,508	9,533	8,964	-8.3%

- The majority of in hours GP work continues to be undertaken by GP Partners.

- The total number of male GP partners continued to fall and for the second year in succession has been exceeded by the number of females. The gap is widening and the trend looks set to continue. The number of female GP partners now exceeds the number of male partners by 58; in 2014, there were 121 more male than female GP partners.

Data Sources: Northern Ireland Medical and Dental Training Agency, Appraisal Report, 2019/20. GP appraisal was suspended in March 2020 due to the pandemic and therefore the usual data on GP status and working patterns is not available for 2020-21.

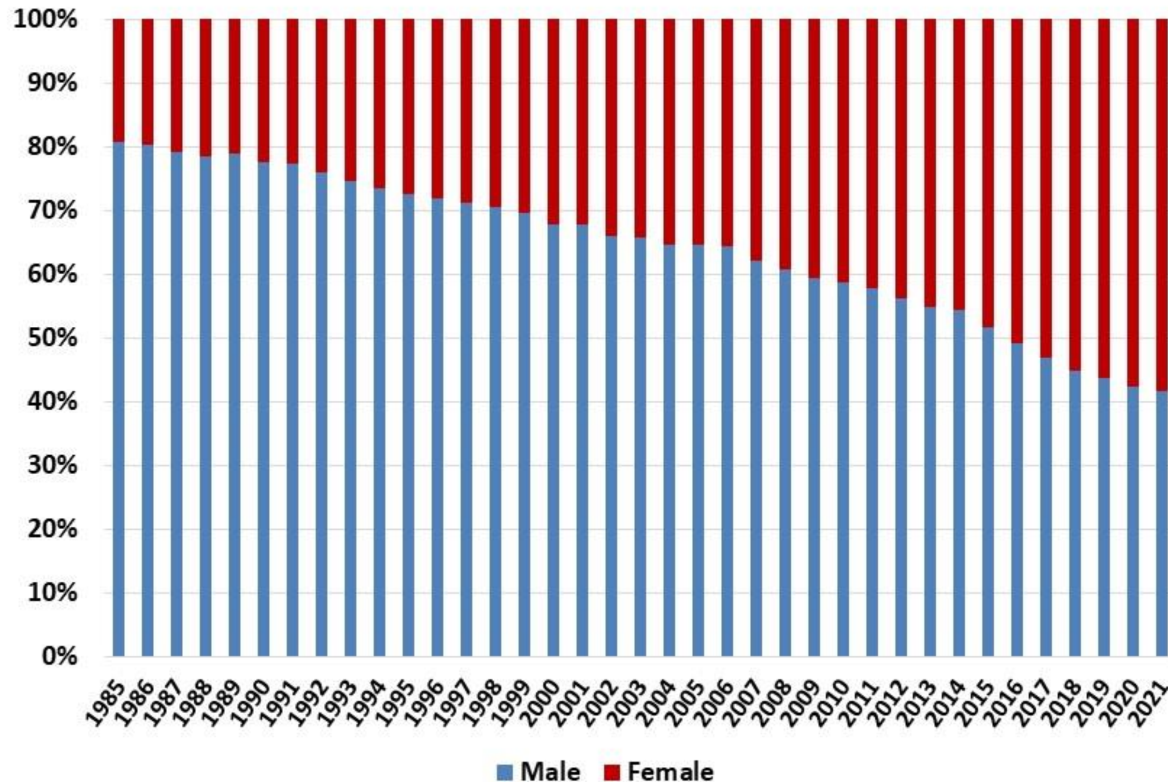
New ways of training and working

- The number of available places to commence GP training each year was increased from 97 per year to 111 per year in August 2018. These have all been filled in the year 2020-21, with 354 GP Trainees in total.
- During 2020-21, the NIMDTA GP department delivered 372 courses and training events for GP Trainees. This number was reduced from 485 due to COVID-19 restrictions April 2020 – July 2021.
- As a direct result of the COVID-19 pandemic, a national call was made in March 2020 for retired GPs to return to the workforce. A total of 51 GPs re-joined the workforce and received an induction and educational resources from NIMDTA.
- GP appraisal in Northern Ireland was suspended in March 2020 as a result of the Covid 19 pandemic; this suspension continued until 31st December 2020. Given the importance of reducing the risk of viral spread, all appraisals conducted in the 2020-21 appraisal year were undertaken via zoom.

- Throughout the pandemic, GP practices have remained open to treat patients, provide advice and issue prescriptions. Like many other parts of the health sector, they had to change how they see patients, using the phone or video calls more, but those who need to be seen in person will still be seen.
- From April to August 2021, GPs across Northern Ireland carried out 14,000 video consultations. Alongside running their practices, GPs have also been working on the frontline of the pandemic response, in care homes and in Covid Centres. GPs have dealt with more than 57,000 Covid-19 related enquiries and triaged or referred almost 12,000 patients to Covid Centres.

Data Sources: Northern Ireland Medical and Dental Training Agency, Annual Quality Report, 2020 - 2021,
BMA Northern Ireland, Press Release Monday 7th September 2020

The demographics of the general practice workforce are changing

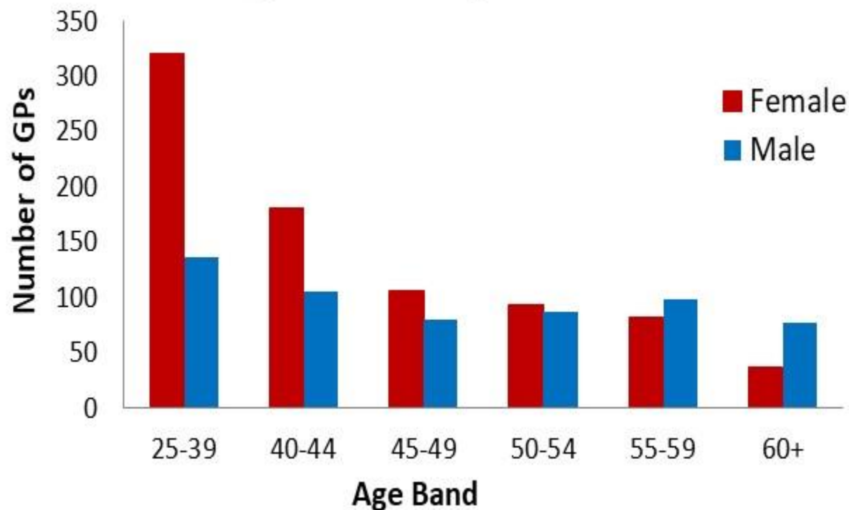


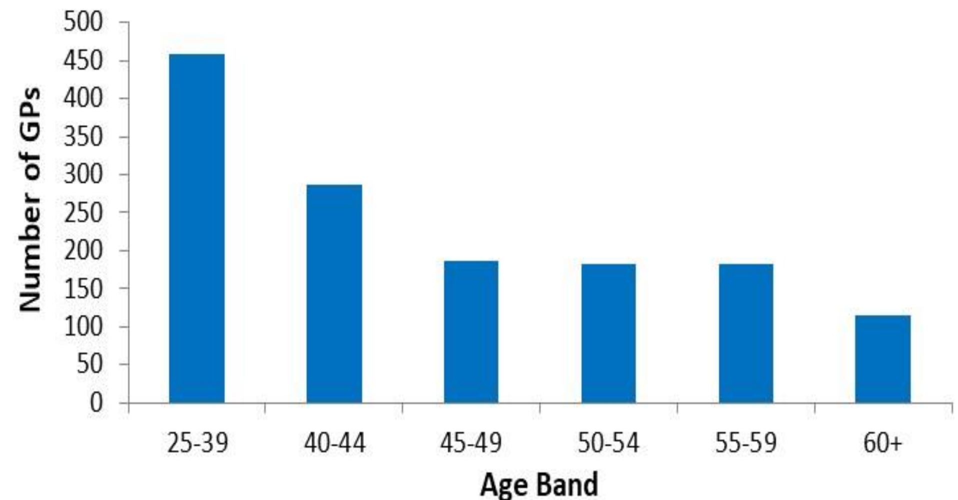
- The GP workforce gender split in 2021 was 42% men and 58% women, compared to 81% men and 19% women in 1985.

- The average annual growth between 1985 and 2021 was, therefore, much higher for women GPs (+4.5%) than men (-0.5%, an annual decrease).

Data Sources: Business Services Organisation

The male workforce in general practice is ageing



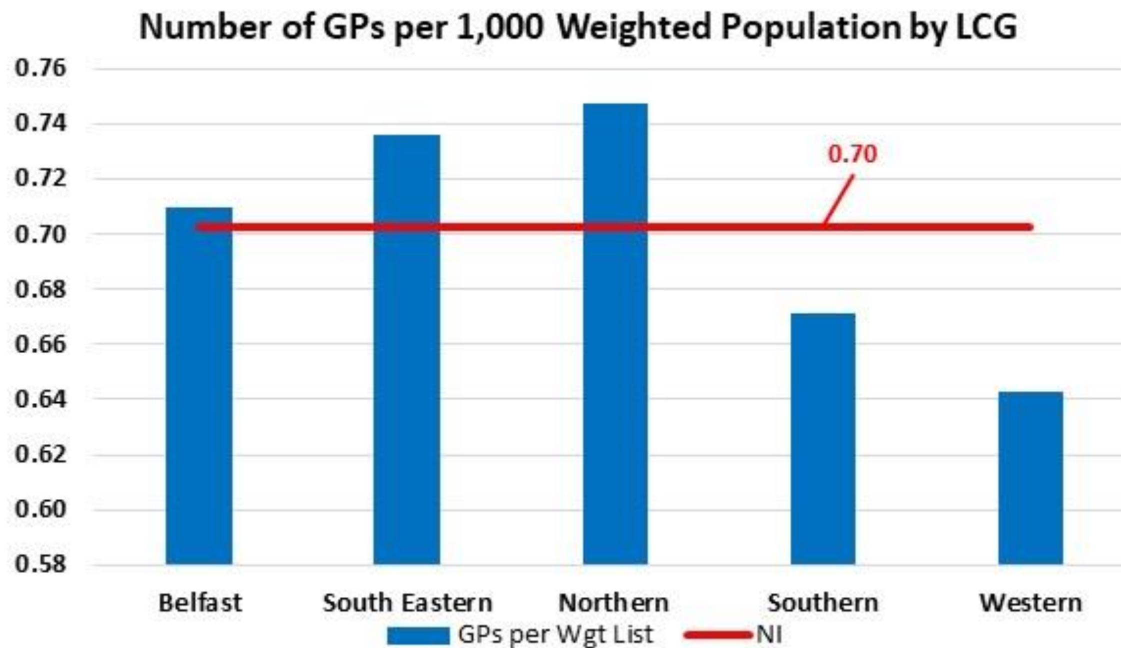


- In 2021, most GPs were in the 25-39 years age band (32.5%). For both male and female GPs, the majority are in the 25-39 year age band, with majorities of 23.3% and 39.1% respectively.

- The numbers of male GPs in the older age groups outweighs female GPs; however there are more female GPs aged between 25 and 54 years than males.
  - 85.4% of female GPs were aged 25-54
  - 70.1% of male GPs were aged 25-54

Data Sources: Business Services Organisation

Number of GPs per 1,000 weighted head



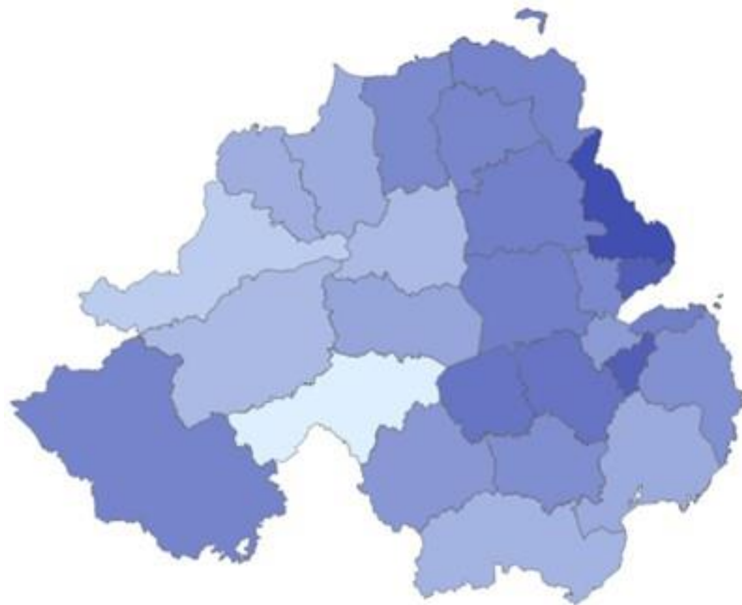
In Northern Ireland in April 2021, there were:

- 1,410 headcount of GPs;
- just over 2 million patients registered with general practices;
- 0.70 headcount GPs per 1,000 population.

Data Sources: Business Services Organisation and Global Sum Allocation Weighted Populations

There is wide geographic variation in the number of GPs per weighted head

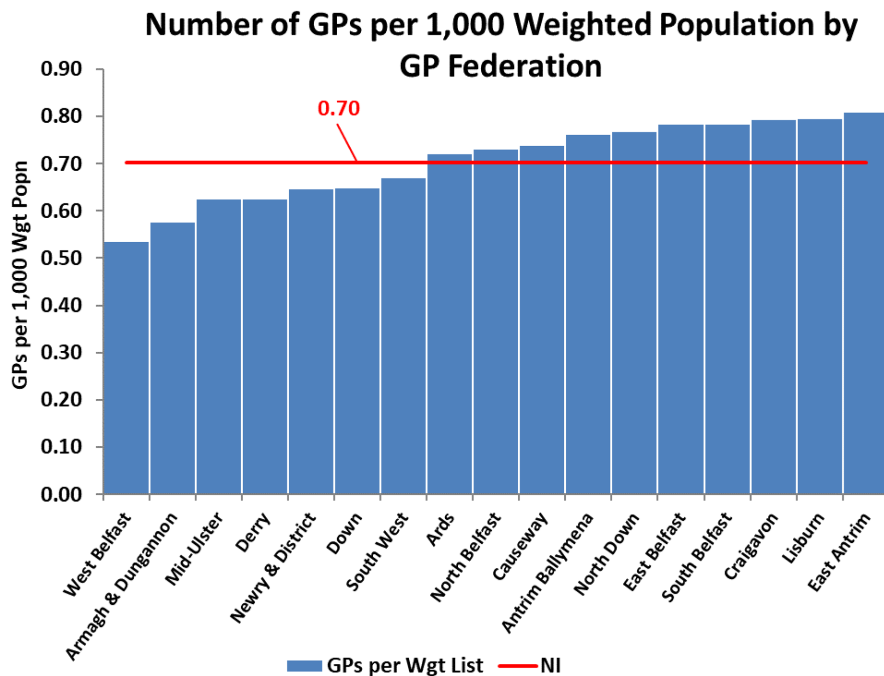
GPs per 1,000 weighted population, LGD

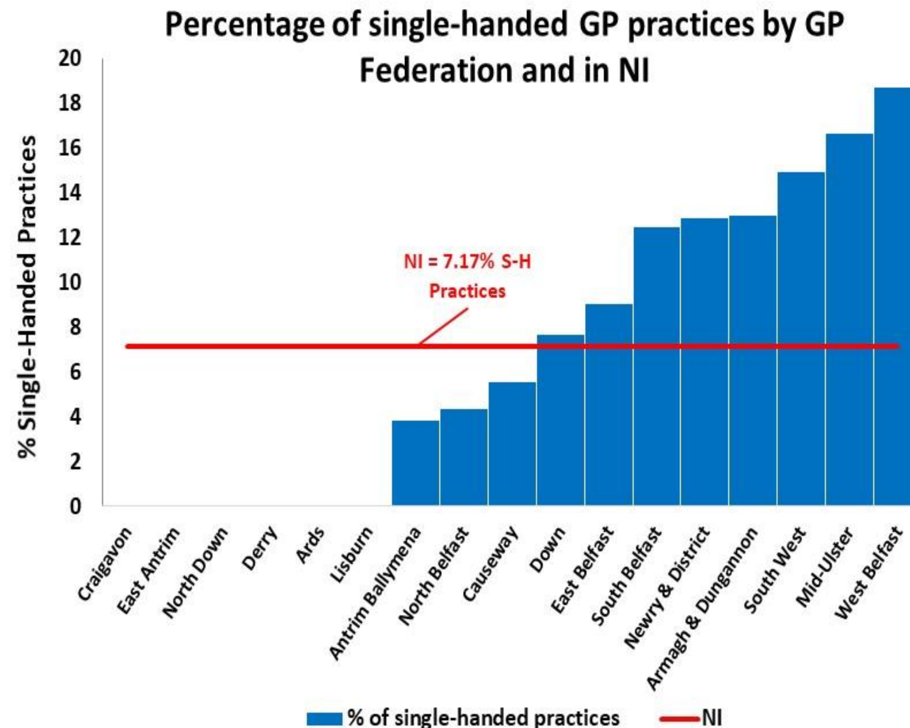


LGD1992	GPs per Wgt List
Dungannon	0.46
Strabane	0.56
Magherafelt	0.61
Omagh	0.61
Newry and Mourne	0.62
Derry	0.64
Limavady	0.65
Down	0.65
Cookstown	0.66
Belfast	0.69
Armagh	0.70
Ards	0.72
Banbridge	0.72
Coleraine	0.74
Newtownabbey	0.74
Ballymoney	0.75
Fermanagh	0.75
Moyle	0.76
Ballymena	0.77
Antrim	0.77
North Down	0.77
Craigavon	0.80
Lisburn	0.80
Carrickfergus	0.86
Castlereagh	0.86
Larne	0.90

- There is high variation in the number of GPs per 1,000 weighted population across NI, ranging from 0.46 per 1,000 weighted population in Dungannon to 0.90 in Larne.
- Note, 0.70 headcount GPs per 1,000 population in Northern Ireland.

GPs per weighted head and percentage of single-handed practices vary across GP Federations





- The number of GPs per 1,000 weighted population varies across GP Federations, ranging from 0.54 in the West Belfast Federation, to 0.81 in the East Antrim Federation (April 2021).

- While the West Belfast Federation has the lowest number of GPs per 1,000 weighted population, it also has the highest percentage of it's practices as single-handed practices. The Federations that have no single-handed GP practices are often among those with higher numbers of GPs per 1,000 weighted population, for example East Antrim and Lisburn.

Data Sources: Business Services Organisation and Global Sum Allocation Weighted Populations

The percentage of single-handed practices vary across NI

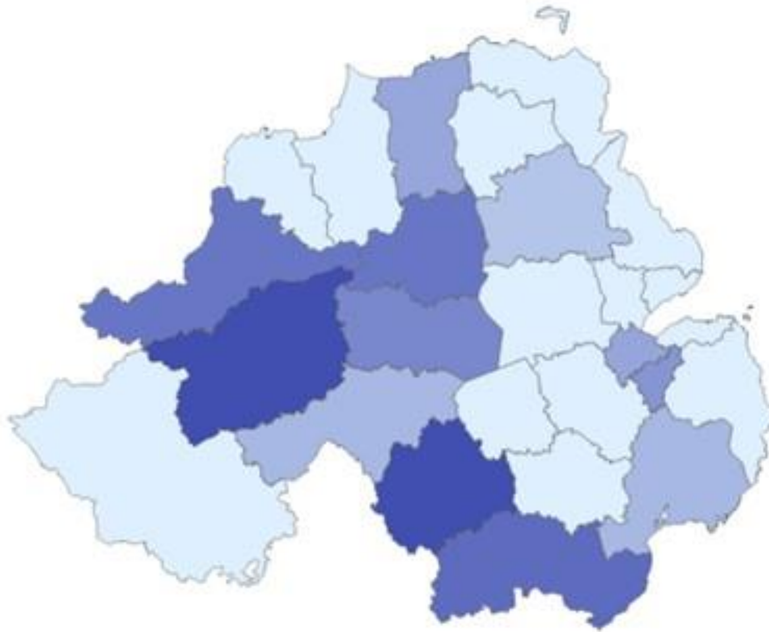
LCG	Number of GP practices	Number of single-handed practices	% of practices that are single-handed	Number of double-handed practices	% of practices that are double-handed	Number of multi-handed practices	% of practices that are multi-handed
Belfast	77	8	10.4%	11	14.3%	58	75.3%
South Eastern	49	1	2.0%	5	10.2%	43	87.8%
Northern	74	4	5.4%	7	9.5%	63	85.1%
Southern	73	7	9.6%	14	19.2%	52	71.2%
Western	48	3	6.3%	9	18.8%	36	75.0%
NI	**321**	**23**	**7.2%**	**46**	**14.3%**	**252**	**78.5%**

- In Northern Ireland, 7.2% of GP practices (23) are single-handed, 14.3% (46) are double-handed and 78.5% (252) are multi-handed (three or more GPs).
- Belfast LCG has the greatest percentage of single-handed practices at 10.4% (8 out of 77), while South Eastern LCG has the lowest at 2.0% (1 out of 49).

Data Sources: Business Services Organisation

The percentage of single-handed practices, by LGD

% of single-handed GP practices, by LGD

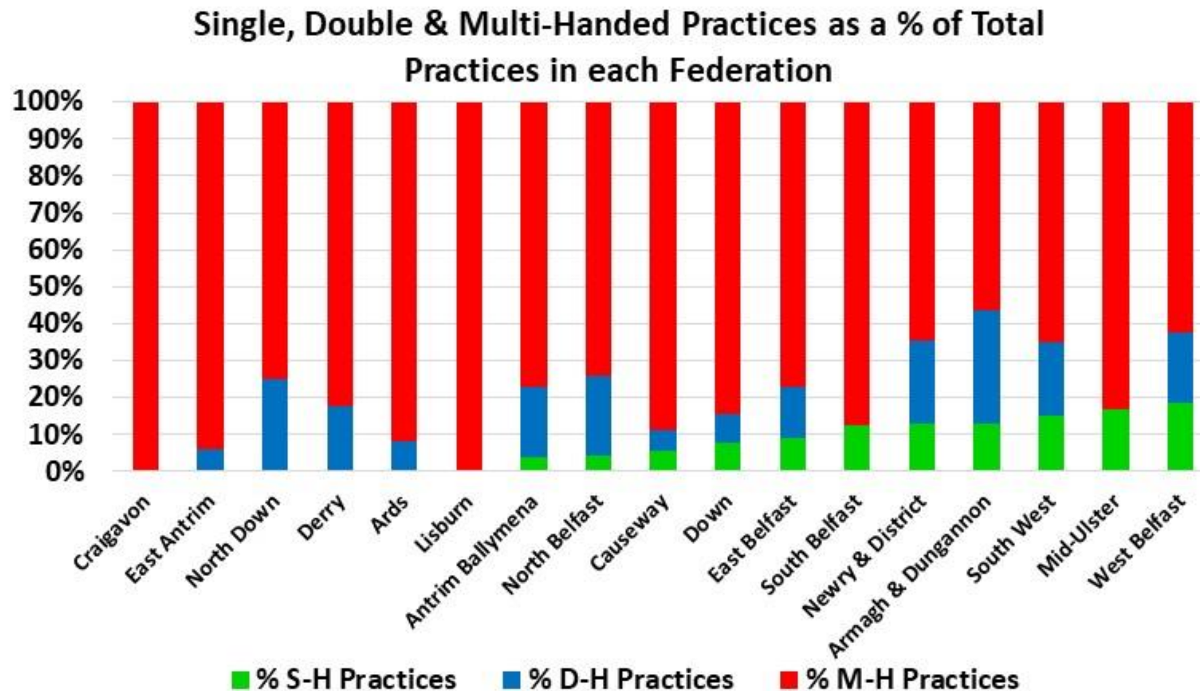


LGD1992	% Single-handed practices
Antrim	0.00
Ards	0.00
Ballymoney	0.00
Banbridge	0.00
Carrickfergus	0.00
Craigavon	0.00
Derry	0.00
Fermanagh	0.00
Larne	0.00
Limavady	0.00
Lisburn	0.00
Moyle	0.00
Newtownabbey	0.00
North Down	0.00
Ballymena	5.88
Down	7.69
Dungannon	7.69
Coleraine	10.00
Belfast	10.14
Castlereagh	12.50
Cookstown	14.29
Magherafelt	16.67
Strabane	16.67
Newry and Mourne	18.18
Armagh	22.22
Omagh	22.22

- In five LGDs, all practices are multi-handed (more than 2 GPs): Ballymoney, Carrickfergus, Craigavon, Lisburn and Newtownabbey.
- The highest percentage of single-handed GPs is shared by the Omagh and Armagh LGDs (22.2%; 2 out of 9 practices in each).

Data Sources: Business Services Organisation

GP Federations vary in the number of GPs working in them



- GP Federations differ in the type of Practices which they are made up of. Single and double-handed practices are likely to face differing pressures than multi-handed practices

- In 6 Federations, no GP practices were single handed, compared to West Belfast Federation where 3 of the 16 practices were single handed. Mid Ulster Federation had 2 single handed and 10 multi-handed practices.

Data Sources: Business Services Organisation

Changing practice configurations impact on GP pressures

- The number of practices has changed greatly in recent years, from 353 in April 2012 to 321 in April 2021, the main cause being practice mergers and closures. Note that mergers may involve more than 2 practices. When a practice closes, patients tend to be dispersed to surrounding practices.

April 2012 **353** practices
1 closure & 1 merger

April 2013 **351** practices
1 merger

April 2014 **350** practices
1 merger

April 2015 **349** practices
3 mergers

April 2016 **345** practices
3 mergers & 1 closure

April 2017 **341** practices
4 mergers & 1 closure

April 2018 **333** practices
4 mergers & 2 closures

April 2019 **327** practices
3 mergers & 1 closure

April 2020 **323** practices

April 2021 **321** practices
2 mergers

- This change equals a reduction of 32 practices, or 9.1%, between April 2012 and April 2021. This has implications for pressures on the GP practices into which patients are dispersed.

- 10 of the 32 practices (31%) which closed as a result of a merger were located in Belfast LCG, while 9 of the 32 (28%) were located in Western LCG (with 8 being in Enniskillen and 1 in Omagh).

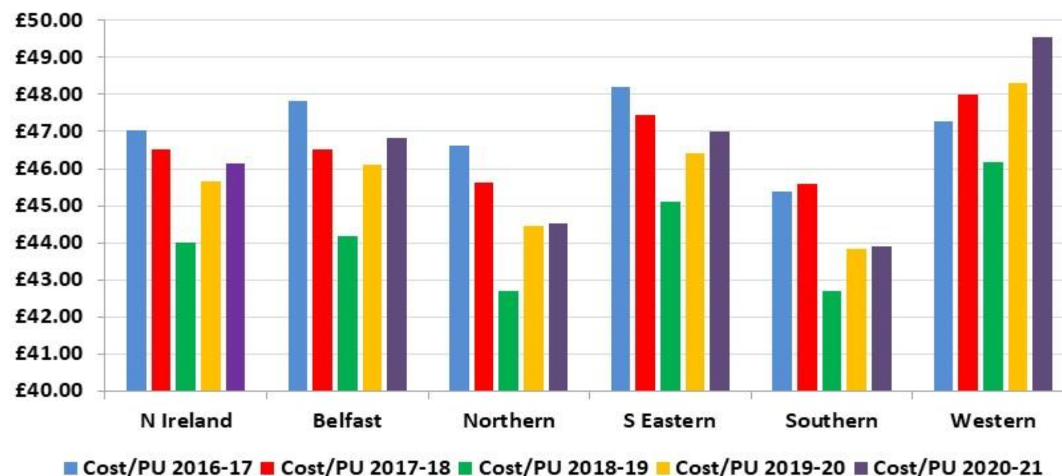
Data Sources: Business Services Organisation

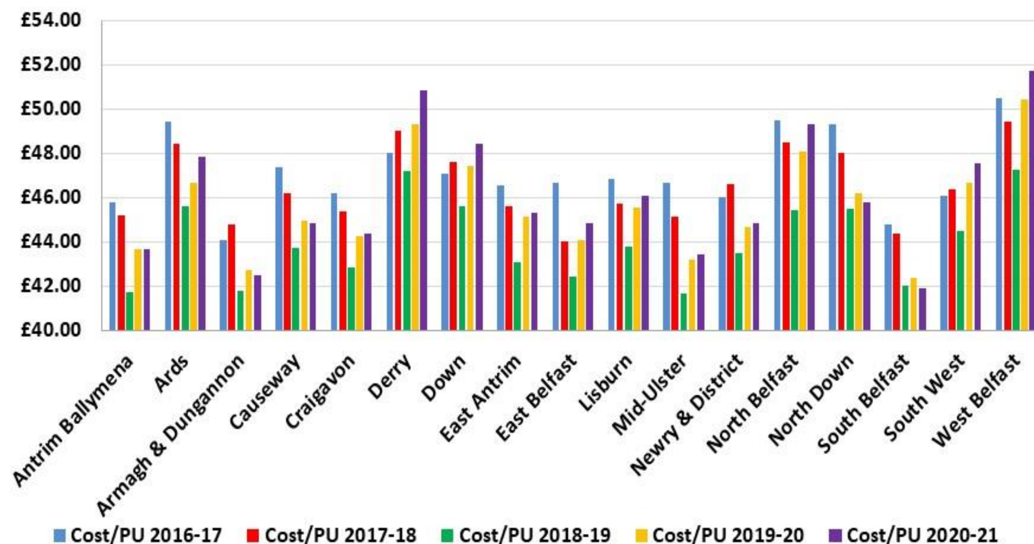
Costs per prescribing units have increased in NI over the last year

- NI-PUs are weights designed to weight individual practice or organisation (e.g. LCGs) populations for age and gender and additional need to allow better comparisons of prescribing patterns. The figures are based on cost of prescribing across all therapeutic areas. STAR-PUs are weights similar to NI-PUs, but have been derived based on costs within a specific therapeutic group (as opposed to NI-PUs which are derived using the total of all drug costs).

- Since September 2016, there has been a programme of roll out of practice-based pharmacists (PBP). PBPs work within the wider practice team to improve safety and quality of prescribing.

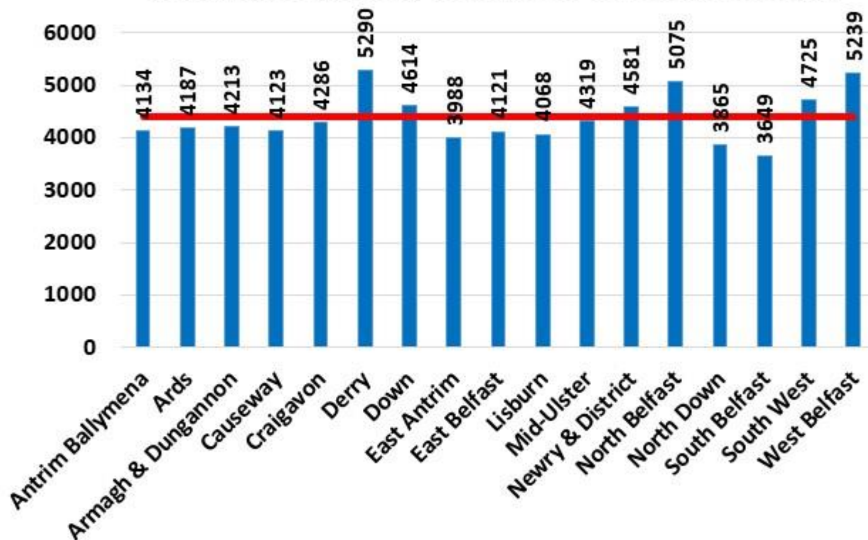
- The Cost per PU increased last year, for all LCGs and all Federations; increases are again shown in all LCGs this year. Most Federations show increases this year, with only a few decreases. The chart shows that there is variation in cost per PU across Federations.

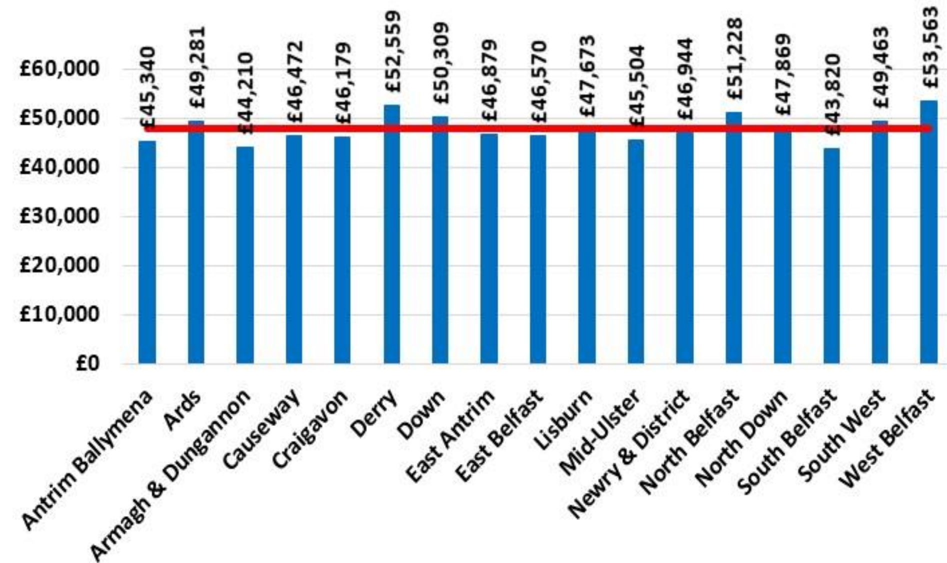




Data Sources: IPA calculation file produced by Project Support Analysis Branch for annual GP prescribing allocations

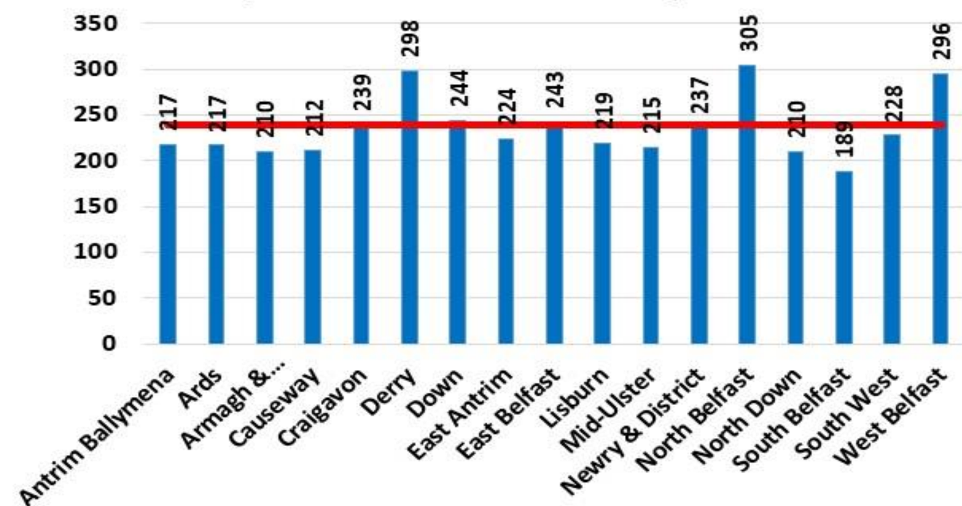
Prescribing costs and volumes vary across GP Federations





- Prescribing volumes for 'all drugs' in 2020/21 show variation across Federations; West Belfast, North Belfast and Derry having the highest Items per 1,000 NI-PU. These are also the 3 Federations with the highest gross cost per 1,000 NI-PU (2020/21), although there is less variation across Federations in relation to gross cost per 1,000 NI-PU.

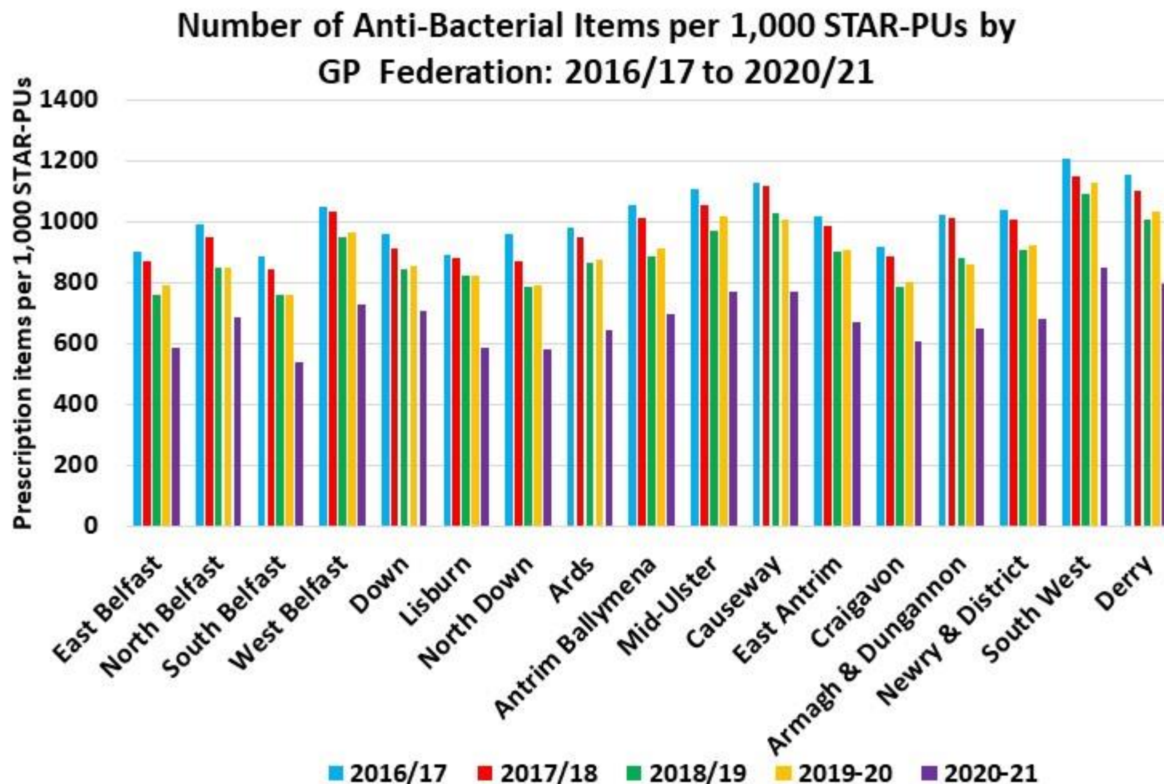
- These points are further highlighted when total items per 1,000 STAR-PU for antidepressants 2020/21 are considered; these are the 3 Federations with the highest total items per 1,000 STAR-PU for antidepressants.



Data Sources: BSO Monthly Prescribing Datasets for Prescribing by Practice, 2020/21

Practice Based Pharmacists and changes in prescribing

- Practice Based Pharmacists (PBPs) have been introduced in waves across NI, to support and improve GP services. The initiative is also expected to improve the safety of prescribing and to reduce the level of errors and waste through managing prescribing systems, medical reviews and reconciliation.
- The initiative is a five year plan, with roll out dates beginning with September – December 2016 and ending with July-September 2020.



- Previously, prescription items per 1,000 STAR-PUs for anti-bacterials showed a decreasing trend in all Federations over the time period of the initiative to 2018/19; significantly, the rate of decrease was greater as more PBPs were added with each new wave of the initiative.
- While 2019/20 figures showed slight increases in most Federations, numbers in all Federations in 2020/21 have decreased to the lowest level seen, although any possible impact of the Pandemic should not be forgotten here.

Data Sources: Practice Based Pharmacist Quarterly Report, March 2021