Primary care teams to offer

FIVE years from now, instead of phoning your local GP for an appointment, you will ring a 1800 number for a local primary care team.

Depending on the nature of your problem, you will be offered an appointment with a social worker, a nurse, a physiotherapist or a community pharmacist. It will still be possible to see a doctor as your first point of contact; however, you will not be obliged to go through the doctor to receive care from a different health professional.

Faced with a critical overload of the hospital system and an underdeveloped primary care sector, a completely revamped and significantly resourced community health system is emerging as the key building block for the health service of the future. Its blueprint will be the Government's new health strategy, expected to be approved in September.

By diverting patients away from hospitals, the new strategy will acknowledge the hard reality of recent years — that simply putting money into the present system has not, and never will, work.

As with any major change to a system, it will take time. Some commentators believe it will take 10 to 15 years to rebuild a decent service. Others are confident that real change can take place more quickly.

The alternative is to keep adding eligible groups to the free General Medical Service (GMS) scheme. Because of a poorly developed infrastructure, widening the eligibility limits — such as the recent decision to include everyone over the age of 70 in the GMS scheme — will merely succeed in driving down quality.

With the Minister for Health already signalling his desire to include children in the free healthcare system, doing nothing with the structure of primary care is simply not an option.

What will surprise many is the clear indication that a much revamped primary care service will move centre stage in the health system's redevelopment.

Analysis: A completely revamped community health system is emerging as the key building block for the health service of the future, writes Dr Muiris Houston, Medical Correspondent.

However, a closer examination of international trends in countries such as Canada, Australia and New Zealand suggests that the move is in tune with developments in other national health services.

The proposals in the "Recommendations for Primary Care" document — one of the most important of the many documents produced during the health strategy review — are modelled on New Zealand in particular. With a comparable mix of public and private healthcare to the Republic, mirroring an antipodean initiative appears to make sense.

The new system has the potential to deliver increased capacity and to reduce hospital admissions, length of stay and costs. Confronted with strong evidence that these positive changes are achievable, it will be a major surprise if they are not accepted by the Government.

One of the key elements of the new proposals is that patients will be seen on the basis of real need rather than mere eligibility. By abolishing the public/private determinant of access which is poisoning the current system, equitable healthcare becomes an achievable goal.

The new system incorporates another significant change: patients will now choose a service rather than a doctor. General practitioners, public health nurses, social workers, pharmacists, practice nurses, community welfare officers, occupational therapists and other paramedics will all be members of the new generalist healthcare teams. Patients can choose who in the team they make the first contact with; each professional member will work to uniform clinical guidelines, but will be under "team orders".

By introducing a service that is fully accessible by self-referral and with a strong cannot be asked to change significantly the way they work without difficulties being experienced. Some professionals will have to jump higher hurdles than others. Will doctors and dentists, for example, be happy to move towards salaried remuneration with the attendant threat to independent contractual status?

The new health strategy will not be just about fundamental changes to primary care. The greater Dublin area will get a new hospital; there will be 1,000 extra consultants and 3,000 to 5,000 extra beds put into the system throughout the State. Within the hospital system, significant alterations will be made to achieve greater utilisation of beds, X-ray machines and operating theatres.

But there is an acknowledgement that