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ORIGINAL ARTICLE

How does the introduction of free GP care for children impact on GP service provision? A qualitative study of GPs

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Abstract

Background Optimising child health in general practice is a key health service priority. In Ireland, where 23% of Ireland's population are aged under 16, GP consultations have historically involved a private fee or have been covered by Ireland's General Medical Services (GMS) scheme. In July 2015, this scheme was expanded so that free GP care was provided to all children aged under 6 years. Recent research suggests this change in policy has led to a substantial increase in the number of children under six attending both daytime and out-of-hour GP services and highlights a need to better understand the perspectives of GPs on this policy change.

Aim To address these knowledge gaps, this paper aims to examine GPs' views on the scheme and how it has impacted on their practice.

Methods Sixteen GPs participated in semi-structured telephone interviews between June and August 2016, analysed using inductive thematic analysis.

Results Six key themes were identified: (1) increased service utilisation, (2) changes in parental behaviour when accessing services, (3) increased 'out of hours' service utilisation, (4) dissatisfaction with the current resourcing of the scheme, (5) limited capacity to support expansion of free GP care, and (6) reduced antibiotic prescribing.

Conclusions The study highlights how introducing free GP care to a mixed private/publicly funded health system may impact on GP workload, parents' interaction with services and physician practice.

Keywords Child health · GP service utilisation · Healthcare policy · Paediatrics · Primary health care

Background

Prior to the implementation of the policy in Ireland to provide 'free GP care' to all children aged under 6, research indicated that General Medical Services (GMS)-eligible children visited their GP more regularly than non-GMS-eligible children. Behan et al. estimated consultation rates of 5.8 visits per annum among GMS-eligible children and of 2.7 visits per annum by children who were not GMS-eligible [1]. An increase in consultation rates for children with a medical card was also found in the 'Lifeways', a cross generation cohort study conducted in 2006. An audit of GP records of 640 children aged under 5 years old found the mean GP consultation rate was 5.5 visits per child per year, 6.6 visits for children with a medical card and 5.1 for those without [2]. This data indicates that the implementation of free GP care for all children under 6 was likely to lead to an increase in consultation rates for this age group.

More recently, a study by O'Callaghan et al. found that following the introduction of free general practice care for children aged under 6, attendance rates among this cohort increased significantly for both daytime and out-of-hour services [3]. This study found that in the year after granting of free general practice care for children younger than 6 years, 9.4% more children attended the daytime services and 20.1% more children were seen in the out-of-hours services. The annual number of visits by patients increased by 28.7% for daytime services and by 25.7% for out-of-hours services, translating to 6682 more visits overall. These findings demonstrate that the introduction of free GP care for children has resulted in an increase in consultations

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in general practice. However, no data has yet examined GPs' own views and experiences of how this policy change has affected their practice. Exploring this area is therefore important for health policy in Ireland and for other systems which may consider changing the funding model for child health in general practice [4].

Aims

To address these knowledge gaps, this study aims to qualitatively examine GPs' own views and experiences of the introduction of free care to children under 6 years in Ireland, and the extent to which it has impacted on their clinical practice. Following on from the findings of the study O'Callaghan et al. [3], this study will be the first study to use a qualitative approach to examine the impact of free GP care for children under 6 in Ireland.

Methods

Expressions of interest were sought from a network of GPs affiliated with the host institution. Based on our previous qualitative work with GPs [5], we estimated we needed to recruit 12–16 GPs to reach theoretical saturation. As such, email invitations were sent to a purposeful sample of 27 GPs asking them to participate in June and July 2016. With purposive sampling, the researcher samples particular settings, persons or events deliberately selected for the important information they can provide that cannot be acquired as well from other choices [6]. Purposive sampling is widely used in qualitative research for the identification and selection of information-rich cases related to the phenomenon of interest [7]. This leads to greater depth of information from a smaller number of carefully selected cases. In purposive sampling, participants are also selected based on their availability and willingness to participate. The purposive sampling framework focussed on a network of GPs affiliated with the host institution whom the researcher identified as being able to provide important information relevant to the research question. Of those who were invited to participate, 22 responded and 16 were selected to take part in interviews (nine males and seven females) [6].

A semi-structured interview schedule was developed covering a number of topics. The aim of this schedule was to provide a framework of topics that explored demographic information, experiences and views of the under 6 GP scheme and effects on their current practice. The topic guide was informed by two theoretical frameworks, the 'Behavioural model for health seeking behaviour' [8] and 'Implementation Outcomes Framework' [9]. Questions were open-ended, allowing GPs to articulate their own views on the policy of 'free' GP care for children under 6 and its impact on primary care.

The interviews were carried out by two members of the research team (a social psychologist and medical student). Prior to the interviews, the GP was informed of the interview purpose, the interview procedure and the use of the findings. In line with best practice when using qualitative methods, the interview topic guide was reviewed and revised throughout the interview process to address new emerging themes as they arose. All recorded interviews were transcribed verbatim ('denaturalized transcription'), and anonymised through the removal of all identifying information. All GPs were given an individual code (e.g. GP 1) and thematic analysis was carried out using NVivo software.

Thematic analysis followed a deductive thematic process outlined previously [10]. As such, the 'keyness' of a theme was not necessarily dependent on quantifiable measures, but in terms of whether it captured something important in relation to the overall research question. Similar themes from each transcript were identified and grouped and then overarching categories were identified through examining the relationship between the themes. The first author (a social psychologist with extensive experience in using qualitative methodologies) and second author (medical student) analysed and coded the data until they considered the themes identified were an accurate reflection of participants' experience of the intervention. When analysing the transcripts, it was important to let the data 'speak for itself' because while researcher bias cannot be eliminated in qualitative research, it was important to minimise bias that could occur from having prior knowledge of the literature. Final themes were agreed between the two authors and the senior author audited the final analysis.

Ethical approval was granted by the Irish College of General Practitioners' Research Ethics Committee. All participants signed a 'participant consent form'. All data was anonymised and informed consent was obtained from all who participated in the study.

Results

Of 16 participants, nine were male, 12 worked in practices with three or more doctors and 13 worked in practices in 'mostly urban' areas. We identified six key themes (Table 1) which are illuminated with exemplar quotes for each theme:

Increased service utilisation

Most GPs reported that they experienced an increase in utilisation of services and workload as a result of the scheme being introduced. They reported increasing difficulty for other patients to access appointments and services and even described having to manage 'cancellation lists' for the first time.

Table 1 Key themes

1. Increased service utilisation
2. Change in parental behaviour
3. Increased out-of-hours (OOH) service utilisation
4. Dissatisfaction with the current resourcing of the scheme
5. Limited capacity to support expansion of free GP care
6. Reduced antibiotic prescribing

"*I'd say it's nearly doubled, the under six attendance rate and it's interesting, that* [*it's*] *the people who I never saw before, and they're coming all the time now.*" (GP 1, Female, Urban Practice)
"*The experience so far has not been fantastic. We have a big paediatric population and it's taken up a lot of our slots, a lot of our appointment times. And I know from listening to the other patients, that they're finding it difficult to get appointments. So it's definitely made us a lot busier.*" (GP 5, Female, Urban Practice)

However, GPs in practices with higher populations of GMS patients reported that this impact had not been as marked. Practices with smaller paediatric populations were also less adversely affected by the free care scheme.

"*Our practice is a largely GMS practice, which means that we probably haven't been as negatively affected in terms off workload, because a lot of our under sixes would have already had GMS cards.*" (GP 12, Female, Urban Practice)

Change in parental behaviour

GPs report that children were attending with more minor symptoms and illnesses at an earlier stage of evolution.

"*People pick up the children from the nursery and somebody says they've a runny nose or a high temperature, nobody's given them Calpol, nobody's given them nurofen, nobody's sat on them for a day or two like you would if you had to pay, they just ring the surgery and come straight down.*" (GP 4, Male, Rural Practice)
"*They're presenting earlier with certain conditions which leaves it difficult for us to manage at times because you end up seeing them twice and sometimes three times for the one condition. You know, they come in within 24 hours and if they were paying for that service, they mightn't have come in so quickly, they might have left it two, three days.*" (GP 5, Female, Urban Practice)

Increased out-of-hours service utilisation

All participants reported that they have encountered greater utilisation of out-of-hours (OOH) services by children, and that indeed, this may have been impacted more than daytime GP workload.

"*We definitely have seen an increase in attendance rates and even worse hit is out of hours. The people who didn't have medical cards before who do now are often working families, and they come back from work and can take their child now more readily to an out of hours service. Especially when it's free.*" (GP 10, Male, Urban Practice)
"*I mean the most I notice in my workload is actually in Ddoc, to be honest. I don't remember seeing as many children round in Ddoc before. Now you're seeing children at 9 and 10 o'clock at night, in there on Sundays all you see are children.*" (GP 9, Female, Urban Practice)

Dissatisfaction with the current resourcing of the scheme

Many GPs highlighted inadequate funding for the scheme with staffing pressures due to shortage of GPs resulting in difficulty in providing same day service to patients.

"*You need the manpower and the resources to underpin this delivery of free healthcare. And the problem is that our current government has promised an awful lot, but they haven't given us the resources to deliver it.*" (GP 2, Female, Rural Practice)
"*I just don't think we have enough money in this country to resource it properly, so we shouldn't be doing something if we can't resource it properly.*" (GP 1, Female, Urban Practice)

Limited capacity to support expansion of free GP care

Many GPs did not consider that they would have the resources or the staffing to provide free care to more children.

"*I would feel very strongly about it being extended again because whatever about there being a need in the early years of life, I think it's absolute madness to keep going.*" (GP 10, Male, Urban Practice)
"*I would be very reluctant to sign on. We've discussed it ourselves and at the moment, there's no way we would sign on for under 12s. We can't really manage the system; we haven't got an efficient way of managing it*

at the moment, we feel. So definitely not." (GP 5, Female, Urban Practice)

Reduced antibiotic prescribing

Many GPs reported that they now experience less pressure to prescribe antibiotics for children aged under 6 as removal of the fee reduces such expectations among parents.

"*You're probably not prescribing as much now because you have the facility because it's free, you can say on a Monday 'well look, I don't think they need an antibiotic, if they still have a problem on Wednesday we can have a look at it again'.*" (GP 6, Male, Urban Practice)

Discussion

Key findings

This study examining the impact of the introduction of free GP care for children aged under 6 highlights an increased demand for GP services especially in practices with a high proportion of children and low baseline GMS coverage and also a finite capacity of primary care to meet any future increase in demand. The study also highlights how patients may present at an earlier stage of illness, when financial barriers are removed and how this can result in a reduced antibiotic prescribing, thereby suggesting possible positive outcomes.

Strengths and limitations

By adopting a qualitative approach, the study helps us understand what happens when free GP care is introduced and by exploring the GPs' perspective, the study identified how this may impact on practice. However, we recognise that not examining the perspective of parents and other stakeholders is a limitation and this should be rectified in future research. Quantitatively examining issues such as impact on workload and possible benefits for child health is also a priority.

Comparison with existing literature

A dominant theme in the research was an increase in patient volume, especially in practices with high paediatric and low GMS populations. These findings are consistent with those reported by O'Callaghan et al. which found a substantial increase of 9.4% in children aged younger than 6 years who used daytime services at least once. They found that the average visitation of children under 6 rose from an average of 2.77 to 3.25 per patient per year, following the policy change [3]. Another dominant theme in the research was GPs reporting increased out-of-hours service utilisation. This was also demonstrated in recent quantitative findings of O'Callaghan et al. which reported an increase of 20.1% more children seen in out-of-hour services in the year following the policy change [3]. Our findings that the introduction of free GP care resulted in an increase in GP workload is an important one for public debate in Ireland, as official reports have typically suggested this would not be the case [11–13].

The scheme was also reported to impact on parents' help seeking behaviour, with children more likely to attend at an earlier stage of illness. While this may impact on workload, our findings suggest reduced pressure for GPs to prescribe medication, with GPs reporting reduced inappropriate antibiotic prescribing.

Conclusions

By utilising a qualitative approach, this study complements current research in the area to provide a greater insight into the views and experiences of GPs regarding the impact of the free GP care for children on their practice. The study highlights how introducing free GP care to a mixed private/publicly funded health system is likely to result in increased workload and activity for GPs and other healthcare providers in primary care with a consequent need to enhance capacity (especially staff, facilities). In addition, it impacts on help seeking behaviour and physician practice. As health systems diversify how they fund their health systems, it is imperative that they consider how such 'systems changes' will impact on patients and practitioners and plan accordingly.

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Compliance with ethical standards

Ethical approval was granted by the Irish College of General Practitioners' Research Ethics Committee. All participants signed a 'participant consent form'. All data was anonymised and informed consent was obtained from all who participated in the study.

Conflict of interest The authors declare that they have no conflict of interest.

Abbreviations *ED*, Emergency Department; *GP*, general practitioner; *GMS*, General Medical Services; *GPVC*, General Practitioner Visit Card; *HSE*, Health Services Executive; *ICGP*, Irish College of General Practitioners; *OOH*, out of hours

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