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Abstract

The availability of general practice in Ireland's Mid-West Region: does the 'Inverse Care Law' still apply?

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Abstract

Introduction: The 'Inverse Care Law' suggests the availability of good medical care tends to vary inversely with the needs of the local population. Dr Julian Tudor Hart's observations related to lack of access to care for those in both socially deprived and geographically remote areas. In this study, we aim to examine if the 'Inverse Care Law' is still relevant to GP service provision in the Mid-West of Ireland.

Methods: GP clinic locations in Limerick and Clare were identified using the Health Service Executive (HSE) Service Finder [https://www2.hse.ie/services/find-a-gp/] and geocoded. GeoHive.ie [https://www.geohive.ie/] was used to determine Electoral District (ED) centroids across the Mid-West. The shortest linear distance to a GP clinic was calculated for each ED. PobalMaps.ie was used to determine population and social deprivation scores of each ED.

Results: In total, 122 GP practices were identified across 324 EDs. The average travel distance to a GP clinic in the Mid-West is 4.7 km. Limerick City EDs had the smallest patient population per GP clinic and were all found to be within 1.5 km of a GP clinic. Proximity to GP clinics did not correlate with deprivation. However, by removing GP clinics from the analyses, it was possible to determine how vulnerable different areas (rural vs urban, deprived vs affluent) are to potential changes in GP clinic availability in the future.

Discussion: People living in urban areas such a Limerick City have improved geographic accessibility to GP clinics compared with their rural counterparts. However, within urban areas assessed, GP clinics were rarely found in deprived areas. Therefore, remote and urban-deprived areas are far more vulnerable to negative proximity effects secondary to practice closures, suggesting the principles of the 'Inverse Care Law' may still be active in the Mid-West of Ireland.