# HSE
# Primary Care Reimbursement Service

## Information and Administrative Arrangements for General Practitioners – V1.0

Health Service Executive HSE,
Primary Care Reimbursement Service,
Units 1-5 Ground Floor,
J5 North Park Offices, North Park Business Park,
Exit 5 M50,
North Road,
Finglas,
Dublin 11.

Email: pcrs@hse.ie
Telephone: 353 1 8647100

Fax: 353 1 8343589

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## 1. HSE – Primary Care Reimbursement Service

The Primary Care Reimbursement Service (PCRS) has a unique role within the Health Service Executive (HSE). People who seek to obtain or retain eligibility under the General Medical Services (GMS) scheme interact directly with the PCRS – National Medical Card Unit (NMCU). Moreover, the processing of applications for eligibility under the Drugs Payment Scheme (DPS) and the Long Term Illness (LTI) scheme is also managed centrally.

The number of people with eligibility under the various primary health schemes is approximately 3.6 million. The assessment of eligibility across an increasing range of primary care schemes is now undertaken centrally.

In addition to overseeing the assessment of eligibility, the PCRS also has accountability for the disbursement of almost €2.738 billion (17% of 2019 national health budget), this positioning the PCRS to the forefront of healthcare delivery within the HSE.

PCRS also compiles statistics and trend analyses which are provided to other areas within the HSE, Government Departments and other interested parties.

PCRS provides additional services to the wider health service through the functions of the Corporate Pharmaceutical Unit (CPU), which is responsible for drug pricing, and through other activities such as PCRS's collaborative support to the Medicine Management Programme.

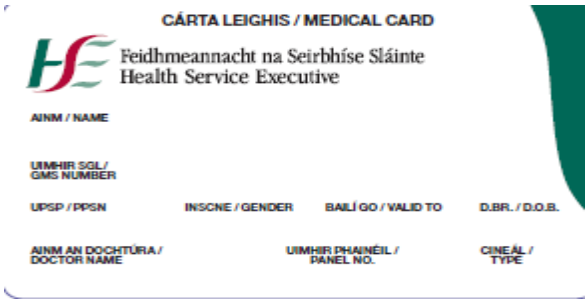
# 2. Eligibility under General Medical Services Scheme (GMS Scheme)

## 2.1 Who is entitled to a Medical Card?

Entitlement to a medical card is governed by legislation as provided for under Section 45 of the Health Act, 1970. Under this section, those fully eligible for a medical card include.

1. Applicants (and their dependants) whose assessable income is below the income threshold and comes within relevant Income Guidelines.
2. Applicants (and their dependants) whose assessable income is in excess of the Income Guidelines but where the HSE considers that to refuse a medical card would cause undue hardship.
3. The following applicants are exempt from a means test:-
    a. Persons with EU entitlement
    b. Persons with retention entitlement under Government Schemes
    c. Persons affected by the drug Thalidomide
    d. Persons affected by Symphysiotomy
    e. Persons under the Redress for Women Resident in Certain Institutions Act, 2015
    f. Those infected with Hepatitis C from Anti-D as per the Health (Amendment) Act 1996.
    g. Under 18 Oncology patients
    h. Domiciliary Care Allowance (DCA) recipents

Once eligibility is confirmed, patients are entitled to receive certain Doctor, Dentist, Clinical Dental Technicians (CDT's), Optometrists or Ophthalmologists services and prescribed medicines from Pharmacists as set out under each scheme.



## 2.2 GP (General Practitioner) Visit Card

A person issued with a GP Visit Card registers with the doctor of their choice and is entitled to receive free doctor treatment. They are **not** entitled to treatment free of charge from a Dentist/Clinical Dental Technician/Optometrist or Ophthalmologist.

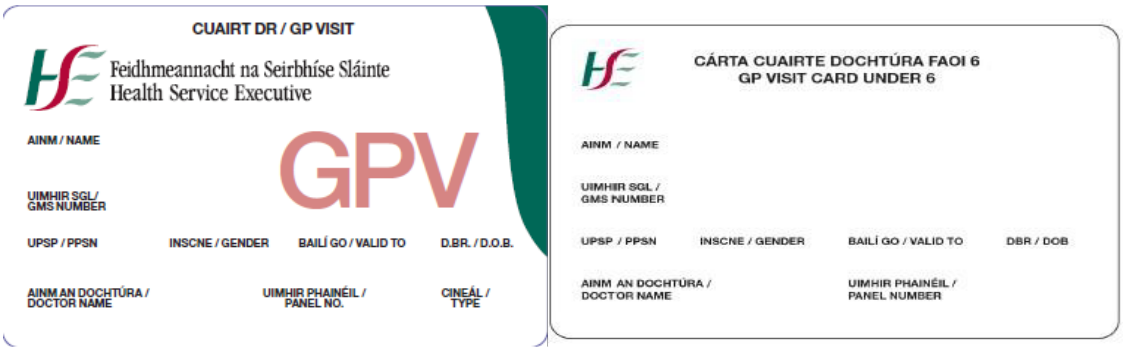
GP Visit Cardholders are **not** entitled to receive drugs, medicines and appliances under the GMS Scheme and should not therefore be issued with a GMS prescription form. Private prescriptions must be issued for this cohort.

### 2.2.1 GP Care for Persons under 6 years

As part of Universal GP Care introduced 1st July 2015, all persons under 6 years, with the exception of such persons who hold a valid medical card, shall be enabled to access GP services, free at the point of service, under the GP Visit Card Contract of 2005.

### 2.2.2 GP Care for Persons aged 70 years and older

As part of Universal GP Care introduced 1st August 2015, all persons aged 70 years and older, with the exception of such persons who hold a valid medical card, shall be enabled to access GP services, free at the point of service, under the GP Visit Card Contract of 2005.




## 2.3 Redress for Women Resident in Certain Institutions Act, 2015

The Government has provided in the Redress for Women Resident in Certain Institutions Act, 2015 for the making available without charge of certain health services to residents in the following institutions:

1) All residents in Magdalen Laundries
2) Similar laundries operated at St Mary's training centre, Stanhope Street, Dublin 7 and
3) The House of Mercy Training School, Summerhill, Wexford

All eligible persons will receive a Redress for Women Resident in Certain Institutions Act, 2015 services card from the Health Service Executive.

Eligible persons with this card will be entitled to receive general medical and surgical services from their General Practitioners of choice in respect of medical conditions. General Practitioners will be reimbursed on a capitation basis for these eligible persons. Also, in addition to capitation payments General Practitioners will receive other fees in

accordance with his/her GMS Contract. Eligible persons are entitled to receive drugs, medicines, medical and surgical appliances free of charge prescribed by a Medical Practitioner once on a GMS prescription form.


## 2.4 Under 18 Oncology patient

From 1st July 2015 an application form MC1(B) was introduced for children under the age of 18 with a cancer diagnosis. This card applies to persons who are ordinarily resident in Ireland. 'Ordinary Resident' means that the person has been living in Ireland for at least one year or intends to live in Ireland for at least one year.

It was recognised that with this diagnosis a certain burden of care is placed on the family and a medical card should be issued in respect of the child for a period of five years from date of diagnosis.

The MC1(B) form does not ask for any financial information and no means test applies in granting eligibility. Whilst the income details of the child's parent or guardian do not need to be provided, the HSE does need a fully completed application form along with a medical report completed by the child's GP or Medical Consultant detailing diagnosis and date of diagnosis.

The file is referred to a medical officer for a recommendation, once the medical office returns a recommendation, a deciding office approves eligibility for a period of five years from date of diagnosis.

General Practitioners will be reimbursed on a capitation basis for these eligible persons. Also, in addition to capitation payments General Practitioners will receive other fees in accordance with his/her GMS Contract. Eligible persons are entitled to receive drugs, medicines, medical and surgical appliances free of charge prescribed by a Medical Practitioner once on a GMS prescription form.

## 2.5 Domiciliary Care Allowance (DCA)

From 1st June 2017, under The Health (Amendment) Act 2017, all children under 16 years where a Domiciliary Care Allowance (DCA) is payable are eligible to receive a full medical card.

Parents or Guardians can complete an electronic registration through www.medicalcard.ie or if they do not have access to online services they can complete a Medical Card DCA Registration Form. These forms are available from:

1) HSE CHO offices (see page 60)
2) Citizen Information Centres
3) 1890 252 919

Once eligibility is confirmed, patients are entitled to receive certain Doctor, Dentist, Clinical Dental Technicians (CDT's), Optometrists or Ophthalmologists treatments/services and prescribed medicines from Pharmacists as set out under each scheme. GPs will be reimbursed on a capitation basis for these patients.

## 2.6 Health (Amendment) Act, 1996 (HAA)

The Government has provided in the Health (Amendment) Act, 1996 for the making available without charge of certain public health services to certain persons who have contracted Hepatitis C directly or indirectly from the use of Human Immunoglobulin – Anti-D or the receipt within the State of another blood product or blood transfusion. The HAA Card gives eligibility to additional HSE services, on more flexible terms and conditions than the medical card. HAA Card holders can have both a HAA and a medical card. GP services, Pharmaceutical services, Dental services and Optometric/Ophthalmic services provided under the Act are reimbursed by the Primary Care Reimbursement Service.

Eligible persons will receive a Health (Amendment) Act, 1996 Services Card from the Hepatitis C National Co-Ordinator's office HSE Stewarts Hospital, Mill Lane Palmerstown, Dublin 20, telephone number 01-6201846 or email address ger.kane@hse.ie. This card is personal to the holder and does not cover family members. The card is valid for his/her lifetime. It is important that General Practitioners write prescriptions on a private prescription form and not on GMS prescription claim form.

A person can apply to the HSE Hepatitis C National Office in Palmerstown who will process the application and arrange to issue a Health (Amendment) Act card. Each Community Health area has a Liaison Officer whose role is to ensure that persons with a HAA Card receive the services they are eligible for under the terms of the 1996 Act. These Liaison Officers are responsible for coordinating and assisting in accessing Primary Care services only. The designated Acute Hospitals have their own Hepatitis C Liaison Officers in the Hepatology Units.

Claims for payment of fees in respect of services provided to eligible adults should be submitted to the PCRS in the usual manner. The patients HAA Card number should appear in the panel set aside for the medical card/GP Visit card number on the appropriate claim form.

## 2.7 European Economic Area (EEA) entitlements

European Regulation 883/04 gives entitlement to citizens of the European Union (EU) and of the European Economic Area (EEA) to health entitlement when they move to another EU/EEA state, either on a permanent basis, such as retirement or on a temporary basis, such as a holiday or seeking employment.

It should be noted that the eligibility of such persons is based on their linkage to the Social Security System of another EU/EEA and not on their Nationality.
For persons moving on a permanent basis the linkage is established by the production of the relevant E form e.g. E106, E109, E121 or S form.

Such persons who are moving to Ireland on a permanent/long term basis should be advised to apply for a medical card under EU Regulations.

## 2.8 European Health Insurance Card (EHIC) entitlements

Such persons, who are visiting Ireland on a temporary basis, e.g. for holiday purposes, are entitled to receive, without charge, urgent medical care, including such approved medication which a GP may prescribe, which would allow them to remain in Ireland in line with their original planned schedule.

A person provides evidence of eligibility under these arrangements is by producing a current European Health Insurance Card (EHIC).

Please note a European Health Insurance Card only provides entitlement to services when the holder of the card is travelling within the EU/EEA and outside of their own State. These arrangements do not cover persons who come to the country specifically for the purpose of obtaining medical treatment.

## 2.9 Reciprocal Arrangements with the UK

There is an existing arrangement between Ireland and the UK, and the residents of either country travelling to the other on a temporary stay who are not required to present a European Health Insurance Card or an equivalent paper form. Proof of residency is sufficient.

A resident of the UK must produce documentary evidence of such residence. Patients claiming UK residency can establish eligibility for free Doctor services under the GMS Scheme by producing documentary evidence of their entitlement to services in the UK in

the form of a UK Medical Card, Social Security Payment from the UK or other link to the Social Security system. Should such proof not be readily available and where a GP has sight of a current passport or similar documents, which would establish bona fide residence in the UK, such documents may be accepted as evidence of eligibility.

If the GP has reason to believe that the person, while in possession of such documentation is, in fact, ordinarily resident in the State, the person should be asked to have his/her eligibility confirmed by the National Medical Card Unit Lo call number 1890 252 919.

# 3. Persons with no eligibility under the GMS Scheme

## 3.1 Drugs Payment Scheme Card (DPS)

The Drugs Payment Scheme applies to persons who are ordinarily resident in Ireland and do not have a current medical card. 'Ordinarily resident' means that the person has been living in Ireland for at least one year or intends to live in Ireland for at least one year.

On the 1st July 1999 the Drugs Payment Scheme was launched. An individual or family now has to pay no more than €114 in a calendar month for approved medicines and appliances. Persons wishing to avail of their entitlement must register either online at www.myDPS.ie using our dedicated online application facility or, by completing an application form and posting to:-

*Drugs Payment Scheme*
*Client Registration Unit*
*PO Box 12966*
*Dublin 11*
*D11 XKF3*

Eligible persons who have been registered will be issued with a Drugs Payment Scheme card that must be presented in order to benefit under the scheme when having prescriptions dispensed at a community pharmacy. Fees arising from GP consultations are a private matter between the DPS client and the GP.

## 3.2 Long Term Illness Scheme (LTI)

A completed long-term illness scheme application form is sent to the PCRS. The application form can be downloaded from the HSE website and posted to:

*Long-Term Illness Scheme*
*Client Registration Unit*
*PO Box 12962*
*Dublin 11*
*D11 XKF3*

To qualify, a person must be 'ordinarily resident' in the Republic of Ireland. This means that they are living here and intend to live here for at least on year. Certification by GP or consultant is required on the LTI application form submitted to PCRS to confirm the condition including a list of medication and appliances needed to treat the condition.

Once the application is successful, the patient who suffers from one or more of a schedule of illnesses are entitled to obtain, without charge, irrespective of income, necessary drugs/medicines and/or appliances under the LTI Scheme. LTI cardholders are only approved for drugs relating to their Long Term Illness. The Primary Care Reimbursement Service makes payments on behalf of the HSE for LTI claims submitted by pharmacies. The LTI cardholder must pay for GPs services if they do not currently hold a valid medical card/GP Visit card.

Patients with any of the following medical conditions should register on the LTI scheme:

- Acute Leukaemia
- Intellectual Disability*
- Cerebral Palsy
- Mental Illness (in a person under 16)
- Cystic Fibrosis
- Multiple Sclerosis
- Diabetes Insipidus
- Muscular Dystrophies
- Diabetes Mellitus
- Parkinsonism
- Epilepsy
- Phenylketonuria
- Haemophilia
- Spina Bifida
- Hydrocephalus
- Conditions arising from the use of Thalidomide

  *__Note__: Described as Mental Handicap in legislation

Further information regarding LTI can also be accessed through www.hse.ie/lti or Lo call 1890 252 919.

## 4. Verifying Scheme Eligibility

Each eligible person is provided with an individual GMS/GPV card, which has a 'valid to' date there on.

Each time a GMS cardholder attends for treatment under the Doctors Scheme they should present with their current medical card/GP Visit card. The claiming contractor should satisfy themselves of the patient's eligibility.

The following tools are available to assist contractors verify a client's eligibility prior to providing services:

- Under the 'Online Services' link at www.pcrs.ie, under the heading 'Online Eligibility Confirmation'
- GP Suite under heading 'Panel Management', 'Client Checker'
- GP Suite under heading 'Panel Management', 'All listings' and 'Panel listings'
- SMS checker 087 909 7867 enter check followed by the medical card/GP Visit card number and patient code letter

## 5. Schemes reimbursed via Community Healthcare Organisation (CHO)

The following schemes are reimbursed through the CHO.

1) Palliative Care
2) Primary Childhood Immunisation payment in certain areas.

# 6. GMS – Fees and Allowances

## 6.1 Capitation

HSE Primary Care Reimbursement Service reimburses GPs in line with contractual arrangements agreed with General Practitioners. These arrangements are that capitation fees shall be paid not later than the 15th day of each month. GPs are reimbursed on the basis of clients on their panel as at 1st of the month. Capitation payments are in respect of a full month regardless of whether the client moves to another GP within the month or loses eligibility in that month.

In order for capitation payment to continue for all eligible clients, all clients must engage with National Medical Card Unit once they receive any correspondence.

### 6.1.1 Supplementary Out of Hour payment

In order to encourage greater use of rosters and rotas, an annual supplementary out of hour payment of €3.64 per patient shall be reimbursed. This payment may be assigned by a GP to another Medical Practitioner participating in the GMS who undertakes, with the permission of the CHO, to take care of his/her patients for all or part of the out of hour period.

### 6.1.2 GP Care for Under 6 years

GPs who take up the Under 6 contract will receive a standard annual capitation payment of €125 in respect of every child aged under 6 registered on their panel. This rate includes the provision, by the GP of two periodic wellness assessments at age 2 and 5. The enhanced capitation rate of €125 is superannuable. This enhanced rate includes the supplementary out of hour fee.

### 6.1.3 Care of Asthmatic Patients

GPs are entitled to further enhanced capitation for each child under 6 diagnosed with asthma on their panel and registered by the GP as such. In the first instance, the GP must register the patient as Asthmatic using the online browser. This will ensure the once off registration fee will issue. This registration fee is superannuable.

Following registration GPs will receive the monthly element of the agreed fee in the first year and the monthly element of the agreed feed in the subsequent years up to the child's 6th birthday. The enhanced capitation for the Asthma Cycle of Care is superannuable.

| Description | Fee Rate |
|---|---|
| Initial Asthma diagnosis and registration after the Child patient reaches the age of two years | €50.00 |
| Enhanced capitation in year one post registration (subject to submission of annual dataset return). Includes two visits, one at three months post registration and an annual review visit | €90.00 |
| Enhanced capitation for each subsequent year up to and including the age of five years (subject to submission of annual dataset return) | €45.00 |

### 6.1.4 Care of Patients with Type 2 Diabetes

GPs are entitled to further enhanced capitation for each patient from 18 years to under 75 years diagnosed with Type 2 Diabetes on their panel and registered by the GP as such. In the first instance, the GP must register the patient as Diabetic using the online browser. This will ensure the once off registration fee will issue. This registration fee is superannuable.

Following registration GPs will receive the monthly element of the agreed fee. The enhanced capitation for the Diabetes Cycle of Care is superannuable.

| Description | Fee Rate |
|---|---|
| Initial Type 2 Diabetes diagnosis and registration after the patient reaches the age of eighteen years and older | €30.00 |
| Enhanced capitation post registration (subject to submission of annual dataset return). | €100.00 |

### 6.1.5 GP Service Modernisation and Reform Measures

The Agreement encompasses 3 distinct strands as follows:

1. Service Modernisation and Reform Measures;
2. Service Developments – Chronic Disease Management and additional Special Items of Service;
3. Eligibility – (extension of eligibility to GP Care without fees will be the subject of further engagement between the Parties).

The full text of the Agreement can be viewed at https://www.hse.ie/eng/about/who/gmscontracts/2019agreement/. An Agreement Summary Document has also been posted to this weblink for your information.

As a General Practitioner holding one or more of the Contracts with the HSE you are required to confirm in writing that you accept the new contractual terms and obligations arising from the Service Modernisation and Reform Measures in the Agreement under your Contract(s) with the HSE. This is a pre-requirement to receive the new rates that come in to effect from the 1st July 2019 and all subsequent fee increases planned for 2020-2022.

The application of the subsequent fee variations provided for in the Agreement over the period 2020-22 will be conditional on the satisfactory and active co-operation and the participation of General Practitioner Contract(s) Holders in the implementation of the Service Modernisation and Reform Measures in accordance with the targets and timelines set out in the Agreement.

## 6.2 Special Type Consultations and Out of Hour claims

### 6.2.1 Introduction

An eligible GP whom holds a capitation or under 6 contract can claim any of the following STC types:

1) Emergency Treatment Fees
2) Temporary Resident
3) Out of Hour
4) EHIC Holder
5) Second Medical Opinion

An eligible GP whom holds a fee per item contract can claim any of the following STC types:

1) Emergency Treatment Fees
2) Temporary Resident
3) EHIC Holder
4) Second Medical Opinion

Under contractual obligations all GPs are obliged to:

1) Engage in accurate and proper record keeping of the consultation undertaken for which a claim is made;
2) Ensure that all Special Type Consultation claim forms are fully and accurately completed. This includes a contemporaneous record of the time and date of the consultation, the service provided to the patient, together with the patient signature confirming the service was received;
3) Allow an audit of all original claims submitted on request to evidence third party verification;
4) Submit to the HSE when requested the fully completed Special Type Consultation forms
5) Retain all original, fully completed, Special Type Consultation claim forms securely for a period of no less than six years.

Claims presented for payment must be in accordance with rules set out in the below document

### 6.2.2 Clarification on the claiming of Emergency Treatment Fees

If a GMS (medical card or GP Visit card) client has an accident or requires an emergency consultation for urgent treatment and is unable to receive that treatment from his/her registered GP/Practice because it would be unsafe to wait to attend his/her own GP and/or impractical to access due to travel distance, he/she may attend another GP in the locality where he/she finds him/herself in need of services.

The reason for the constitution must be unforeseen, the patient's complaint should be urgent and requires immediate attention which necessitates a consultation being carried out directly. The patient's condition is such that it may be injurious to his/her health to wait to attend his/her registered GP. Under this provision a client cannot attend a GP routinely for emergency treatment.

When a client in a private nursing home has an accident and/or requires an emergency consultation for urgent treatment and is unable to receive that treatment for his/her registered GP/practice because it would be unsafe or impractical to access, another GP may provide a service and claim an emergency fee. Emergency fees cannot be routinely claimed for clients in nursing home care. Payments of emergency claims for clients in nursing homes should therefore be of an exceptional nature.

If an emergency occurs out of hour and the claiming GP is in a rota with the choice of doctor, then an out of hour claim in accordance with the GMS Contract is applicable. If the claiming GP is not in a rota with the registered GP and the client has not moved temporarily into the area then an emergency fee is claimed

Emergency treatment claims should not be made in any or all of the following circumstances:

- The claiming GP is the registered GP/Doctor of choice; or
- The claiming GP is operating in the same practice or arrangement as the registered GP; or
- The claiming GP is through an arrangement providing services on behalf of the registered GP; or
- The claiming GP is operating in a rota with the registered GP; or
- The consultation is not in emergency circumstances; or
- The patient's condition does not necessitate an immediate consultation to be carried out and does not necessitate emergency treatment; or
- The consultation is routine in nature; or
- The client opts to attend a GP who is not his/her doctor of choice, even if the change of doctor process is pending; or
- The registered GP, (Choice of GP), or a doctor providing services, on behalf of the registered GP, is accessible and available to provide the consultation; or
- The claim is otherwise not in accordance with the claiming guidelines.

It is the obligation of the doctor to ensure that all appropriate claim forms are completed accurately and fully.

### 6.2.3 Clarification on the claiming of Temporary Resident

The payment of additional fees for temporary resident is to ensure that clients will have access to GMS services when they move temporarily and are staying in a different geographic area from their normal place of residence, making their registered GP inaccessible.

The duration of the GMS (medical card or GP visit card) clients stay should not exceed three months, the client should notify the HSE and change of doctor to a GP practicing in the new area in which he/she resides e.g. students. A client would therefore not attend a GP in their own locality as a Temporary Resident.

For clients in receipt of short term care in private nursing homes when the duration of stay is not expected to exceed three months and where the nursing home is outside of the registered GPS of choice area, then a GP practising in the area of the nursing home may claim a temporary resident fee for service provision. This includes short term respite care.

Where a GP sees a temporary resident during an out of hour period, of the claiming GP is not in a rota with the registered GP of choice the fee payable is for a Temporary Resident.

Temporary Residents claims should not be made in any or all of the following circumstances:

- The claiming GP is the registered GP/Doctor of choice; or
- The claiming GP is operating in the same practice, arrangement or locality as the registered GP; or
- The claiming GP is through an arrangement providing services on behalf of the registered GP; or
- The claiming GP is operating on a rota arrangement with the registered GP; or
- The client is not temporarily resident outside of his/her own area and/or is living at his/her permanent address; or
- The client opts to attend a GP who is not his/her Doctor of Choice, even if the change of doctor process is pending; or
- The client has moved temporarily and his/her temporary residence is accessible to the registered GP; or
- The client is ordinarily resident in the location of the claiming doctor for a period in excess of three months; or
- The registered GP, (Choice of Doctor), or a doctor providing services on behalf of the registered GP, is accessible and available to provide the consultation; or
- The client is attending a GP, (not his/her registered doctor) under the Methadone Contract, or as part of another health programme; or
- The client is in a private nursing hole and the nursing home is in his/her registered doctors area or:

— the client is ordinarily resident there; or
— the client is in receipt of long term care; or
— the duration of stay is expected to be greater than three months; or
— the duration of stay has exceeded three months; or

- The claim is otherwise not in accordance with the claiming guidelines

It is the obligation of the doctor to ensure that all appropriate claim forms are completed accurately and fully.

### 6.2.4 Clarification on the claiming of Out of Hour claims

Out of hour claims may only be made in respect of appropriate out of hours treatment given by the GP outside of the hours 9.00am to 5.00pm Monday to Friday and during all hours Saturday, Sunday's and bank holidays.

Out of hours claims many not be made in respect of consultations held during normal contracted surgery hours or consultations held during normal/routine surgery hours. Out of hours payments will only be made in circumstances where the patient consultation is unforeseen, non routine and necessarily carried out out of hours and cannot be safely deferred until GP services are routinely available.
Notwithstanding the fact that a GP may have suitable alternative out of hours arrangements an urgent and unforeseen consultation may be the subject of an out of hours claim if the service provided by that out of hours service is not readily available and/or the patients complaint is such that he/she required immediate attention and it might be injurious to his/her health to wait to attend the out of hours service.

Out of hours will not be paid in any or all of the following circumstances:
- The consultation is not urgent and/or is not unforeseen.
- The consultation takes place during an overflow clinic.
- The consultation takes place during normal contracted surgery hours.
- The consultation takes place during normal/routine surgery hours.
- The patient did not require urgent treatment directly by the GP concerned.
- No face to face out of hours consultation actually took place.
- The consultation is otherwise routine.
- The time of the consultation was not during the specified out of hours period.

The GP shall not be entitled to make a claim for out of hours in respect of consultations that are offered to a patient outside normal hours merely to facilitate the preference of the patient.

Please ensure that all claims submitted by you for out of hour services are strictly in accordance with the guidelines set out below. Claims that are not in accordance with the guidelines will not be reimbursed.

### 6.2.5 Clarification on the claiming of EHIC Holders

A resident of a State in the European Union or European Economic Area, on a temporary visit to Ireland and who has valid European Health Insurance Card (EHIC) from that State is entitled to receive necessary general medical services both GP and Pharmacy. In addition, Ireland has a reciprocal arrangement with the UK (see point 2.10), which entitles UK residents on a temporary visit to Ireland to receive necessary services on production of the specified documentation. Necessary service covers the treatment required to allow

the visitor continue his/her temporary stay in Ireland and return home as previously planned.

The Health Service Executive (HSE), as the competent institution in Ireland for the provision of health services under EU Regulations 883/04 and 987/09, is required to recoup the costs of the provision of health services to EHIC holders, through the submission of detailed accounts to the relevant EU/EEA state.

In order to prepare these accounts, in line with the EU approved protocols, it is necessary to record the following information about the client at the point of service provision.

- State Identifier
- Clients Name
- Clients Date of Birth
- Clients Personal Identification Number
- Identification Number of the Competent Institution
- Identification Number of the EHIC
- EHIC Expiry Date
- Prescription Serial Number, if applicable

For claims to be deemed valid, and therefor reimbursable, the claiming GP must ensure that the above information is included in respect of each individual claim. The HSE will continue to monitor claim submission to verify their reasonableness and accuracy.

### 6.2.6 Clarification on the claiming of Second Medical Opinion

A fee is payable to a medical practitioner in full time general practice who visits and gives a second medical opinion in the case of a GMS (medical card or GP Visit card) client at the request of the client's medical practitioner. The consultation may take place at the home of the client or as his/her medical practitioner's surgery.

The medical practitioner claiming the fee shall not be in a partnership or arrangement (other than a rota arrangement) in public or private practice, with the doctor who sought his/her opinion. The claim should be countersigned by the medical practitioner who sought the second medical opinion.

## 6.3 Special Items of Service

### 6.3.1 Introduction

An eligible GP who holds a capitation or under 6 contract can enter into an agreement with CHO to provide certain approved special services. The fee for any of the special items of service relates to an entire treatment and does not apply to the individual consultations relating to such treatment. Medical Card/ GP Visit Card holders or their insurers should not be changed for venesection or other special services claimed for under the GMS scheme. Once approved a GP can submit a Special Type Consultation claim for the following special services:

| Special Service | Description of Special Service | Contract Type - Capitation | Contract Type - U6 |
|---|---|---|---|
| A | Excisions/Cryotherapy/Diathermy of Skin Lesions | ✓ | ✓ |
| AB | Long Acting Reversible Contraceptive Device (LARC) for counselling, insertion and monitoring and GP possesses current LARC Certification (ICGP) or equivalent | ✓ | |
| AC | Removal of Long Acting Reversible Contraceptive Device (LARC) | ✓ | |
| AD | 24 hour Ambulatory Blood Pressure Monitoring for diagnosis and treatment of hypertension | ✓ | |
| B | Suturing of Cuts and Lacerations | ✓ | |
| C | Draining of Hydroceles | ✓ | |
| D | Treatment and Plugging of Dental and Nasal Haemorrhages | ✓ | ✓ |
| F | ECG Test and their Interpretation | ✓ | |
| H* | Removal of Adherent Foreign Bodies from the Conjunctival Surface of the Eye | ✓ | ✓ |
| J** | Removal of Lodged or Impacted Foreign Bodies from the Ear, Nose and Throat | ✓ | |
| K*** | Nebuliser Treatment in the case of Acute Asthmatic Attack | ✓ | |
| L | Bladder Catheterization | ✓ | |
| M | Attendance at Case Conference (in cases where such are convened by a DCC/MOH) | ✓ | ✓ |
| R | Pneumococcal Vaccine | ✓ | |
| S | Influenza Vaccine | ✓ | |
| T | Pneumococcal/Influenza Vaccine | ✓ | |
| U | Hepatitis B Vaccine | ✓ | |
| X | Removal of Lodged or Impacted Foreign Bodies from the Ear, Nose, Throat and Skin | | ✓ |
| Y | Suturing of Cuts and Lacerations (including application of tissue glue) | | ✓ |
| Z | Draining of Abscess | | ✓ |

*the fee for the removal of a foreign body from the eye applies to the removal of a foreign body adhering to the conjunctival surface and does not apply to the removal of a non-adherent foreign body

** the fee for the removal of a foreign body from the ear applies to the removal of a foreign body lodged or impacted in the ear and does not apply to the syringing of the ear for the removal of wax

*** the fee for nebuliser treatment applies in the case of acute asthmatic attack and does not apply in the case of nebuliser treatment provided as a regular routine e.g. in place of

inhalers, or provided by other than the doctor e.g. self-administration by a patient having personal use of a nebuliser

| Special Service | Description of Special Service | Contract Type - Fee Per Item |
|---|---|---|
| F | Suturing of Cuts and Lacerations | ✓ |
| G | Treatment and Plugging of Dental and Nasal Haemorrhages | ✓ |
| H | Draining of Hydroceles | ✓ |
| J | Recognised Vein Treatment | ✓ |
| K | Excisions/Cryotherapy/Diathermy of Skin Lesions | ✓ |
| M | ECG Test and their Interpretation | ✓ |
| N | Instruction in the fitting of a Diaphragm | ✓ |
| W | Nebuliser Treatment in the case of Acute Asthmatic Attack | ✓ |
| R | Pneumococcal Vaccine | ✓ |
| S | Influenza Vaccine | ✓ |
| T | Pneumococcal/Influenza Vaccine | ✓ |
| U | Hepatitis B Vaccine | ✓ |

Under the terms of the Modernisation and Reform Measures the following additional special items of service were introduced in 1st January 2020 to GMS Capitation Contract holders who signed the agreement.

| Special Service | Description of Special Service | Contract Type – GMS Capitation |
|---|---|---|
| AL | Provision of therapeutic phlebotomy for eligible patients with haemochromatosis | ✓ |
| | * GP participation in a HSE approved Virtual Heart Failure Clinic facilitated by a Consultant Cardiologist – fee per eligible patient with heart failure reviewed at virtual clinic | ✓ |
| | **In recognition of the onerous workload demands arising from their involvement in involuntary admissions under mental health legislation GPs will be able to claim a fee in respect of the examination of a person and making a recommendation for that person to be involuntarily admitted to an approved centre under Section 10 of the Mental Health Act 2001 | ✓ |

* the claiming process for this special item of service shall be subject to further communication in the coming weeks.

** the claiming process for this special item of service has been detailed in circular NCO-14-2020 which included an Registered Medical Practitioner Claim Form. This form is completed by the GP and scanned to pcrs.gpadmissions@hse.ie. On receipt of same PCRS will contact the relevant designated Mental Health Administrative Office at the specified approved centre for approval. Approved application forms will be processed and reimbursed with the next payment due and listed accordingly on monthly itemised listings. The involuntary admission fee will not attract an Out of Hours fee. Claims for an examination of a person and making a recommendation for that person to be involuntarily admitted to an Approved Centre must be submitted within 30 days of providing the service.

Under the support for General Practitioner Services during currently National Public Health Emergency approval was granted to continue the payment of the special items of service to GPs outlined hereunder.

| Special Service | Description of Special Service | Contract Type – GMS Capitation |
|---|---|---|
| CA | *Covid 19 related respiratory clinics for all patients where clinically necessary regardless of eligibility status | ✓ |
| CB | *Covid 19 related remote consultation for all patients regardless of eligibility status | ✓ |

*GPs are reminded to use their best endeavours to ensure that claims relating to Covid special items of service are submitted within 14 working days of the consultation, with the date of consultation being day 1.

### 6.3.2 Guidelines to submitting a special service as of an Out of Hour claim

Special items of service should normally be provided during routine/normal surgery hours and provision of special items of service should not be scheduled for out of hours.

If, during the course of an appropriate out of hours consultation it is identified that a patient urgently requires a special items of service which cannot be deferred until the next scheduled surgery then the GP may claim a fee for that special item of service in addition to the out of hours fee provided always that the service is on the agreed list of services which may be reimbursed in respect of our of hours.

The following special services may be provided during the course of Out of Hours consultations:

- Excisions
- Suturing of cuts and lacerations
- Treatment and plugging of dental and nasal haemorrhages
- Electrocardiography (ECG) tests and their interpretation
- Removal of adherent foreign bodies from the conjunctival surface is the eye

- Removal of lodged or impacted foreign bodies from the ear, nose and throat (not including syringing of the ear for wax)
- Nebuliser treatment in the case of acute asthmatic attack
- Bladder catheterization
- Attendance by GP at HSE convened case conference
- Vaccination - Hepatitis B

If the following services are provided out of hours a STC claim only can be made:

- Cryotherapy/diathermy of skin lesions
- Draining of hydroceles
- Long Acting Reversible Contraceptive Device (LARC) for counselling, insertion and monitoring and GP possesses current LARC Certification (ICGP) or equivalent
- Removal of Long Acting Reversible Contraceptive Device (LARC)
- Vaccination - Influenza, Pneumococcal

It is the obligation of the doctor to ensure that all appropriate claim forms are completed accurately and fully.

### 6.3.3 Guidelines to submitting a special service as of a Temporary Resident claim

Provision of special type consultation for special items of service should be in accordance with clinical guidelines for the particular service

Special Type Consultation (STCs) for special items of service and vaccinations are generally claimed by the registered doctor/choice of doctor, with services provided during routine surgery hours. The following STCs for special items of service may be claimed in conjunction with claims for Temporary Residents.

The following special services which can be claimed with Temporary Resident claims

- Excision
- Cryotherapy/diathermy of skin lesions
- Suturing of cuts and lacerations
- Draining of hydroceles
- Treatment and plugging of dental and nasal haemorrhages
- Electrocardiography (ECG) tests and their interpretation. The fee payable will include the recording as well as interpretation of ECG tests
- Long Acting Reversible Contraceptive Device (LARC) for counselling, insertion and monitoring and GP possesses current LARC Certification (ICGP) or equivalent
- Removal of Long Acting Reversible Contraceptive Device (LARC)
- Removal of adherent foreign bodies from the conjunctival surface of the eye
- Removal of lodged or impacted foreign bodies from the ear, nose and throat (syringing of the ear for wax is not claimable)
- Nebuliser treatment in the case of acute asthmatic attack
- Bladder catheterization
- Attendance by GP at HSE convened case conference
- Vaccination - Influenza, Pneumococcal, Hepatitis B

It is the obligation of the doctor to ensure that all appropriate claim forms are completed accurately and fully.

### 6.3.3 Guidelines to submitting a special service as of an Emergency claim

Provision of special type consultation for special items of service should be in accordance with clinical guidelines for the particular service

Special Type Consultation (STCs) for special items of service and vaccinations are generally claimed by the registered doctor/choice of doctor, with services provided during routine surgery hours. The following STCs for special items of service may be claimed in conjunction with claims for Emergency Treatment.
The following special services which can be claimed with Emergency claims

- Excision
- Suturing of cuts and lacerations
- Treatment and plugging of dental and nasal haemorrhages
- Electrocardiography (ECG) tests and their interpretation. The fee payable will include the recording as well as interpretation of ECG tests
- Removal of adherent foreign bodies from the conjunctival surface of the eye
- Removal of lodged or impacted foreign bodies from the ear, nose and throat (syringing of the ear for wax is not claimable)
- Nebuliser treatment in the case of acute asthmatic attack
- Bladder catheterization
- Attendance by GP at HSE convened case conference
- Vaccination - Hepatitis B first shot only

The special item of service fee and not an emergency fee is claimable if the following services are provided during the course of a consultation:

- Cryotherapy/diathermy of skin lesions
- Draining of hydroceles
- Long Acting Reversible Contraceptive Device (LARC) for counselling, insertion and monitoring and GP possesses current LARC Certification (ICGP) or equivalent
- Removal of Long Acting Reversible Contraceptive Device (LARC)
- Vaccination- Influenza, Pneumococcal

It is the obligation of the doctor to ensure that all appropriate claim forms are completed accurately and fully.

## 6.4 Termination of Pregnancy Service

Termination of Pregnancy (ToP) Services in the community setting were commenced by the HSE on the 1st January 2019.

### 6.4.1 Claiming Reimbursement

In order to claim payment for termination of pregnancy services the registered GP must submit online claims only to the HSE PCRS through existing GP Application Suite. These services are available to those who hold full or limited eligibility and are ordinarily resident in the state. When claiming online input the patients' medical card number or GP Visit

card number or PPSN to verify established eligibility for a public service. Once relevant details have been captured you will be prompted to either save and print in order to capture third party verification or alternatively STC/SS/OOH claim form can be signed and retained for audit purposes.

### 6.4.2 Termination of Pregnancy Information

The Clinical Guidelines and a Model of Care are available via GP Application Suite under 'Information' tab.

## 6.5 Contribution towards the employment of locum expenses

### 6.5.1 Introduction

General Practitioner may apply for reimbursement in respect of contribution towards the employment of locum during leave periods. To avail of contribution certain panel sizes are specified

| Leave Type | Panel Size | Reimbursement Locum fee rate | Reimbursement monthly capitation |
|---|---|---|---|
| Annual | 100 patients or more | ✓ | |
| Study | 100 patients or more | ✓ | |
| Sick | 100 patients to 699 patients | | ✓ |
| Sick | 700 patients or more | ✓ | |
| Maternity | 100 patients to 499 patients | | ✓ |
| Maternity | 500 patients or more | ✓ | |
| Paternity | 100 patients or more | ✓ | |
| Covid 19 | 100 patients to 499 patients | | ✓ |
| Covid 19 | 500 patients or more | ✓ | |
| Attendance at meetings | | ✓ | |

### 6.5.2 Annual Leave

A medical practitioner shall be entitled to take a number of week's annual leave each year based on his/her average panel size. The maximum entitlement being five weeks or 35 days for those with a panel of 1500 patients or more and minimum being two weeks or 14 days for those with panels of 100 patients. A week shall cover seven days, Monday to Sunday inclusive, and shall form the basis for the calculation of the reimbursement in respect of leave periods of less than one week.

Annual leave entitlement shall not apply to GPs with panels of less than 100 patients and who did not hold a capitation contract.

The following provisions shall apply to the granting of leave:

- leave year runs 1st April to 31st March
- in a full leave year during the whole of which a medical practitioner participates in the scheme, he/she shall be entitled to the number of days annual leave specified as appropriate to his/her panel size
- in a full leave year during part only of which a GP participated in the Scheme, he/she shall be entitled to a proportionately reduced number of day's annual leave.
- GP shall obtain the prior approval of the CHO before taking annual leave.

GPs in receipt of Rural Practice Allowance/Rural Practice Support Framework attract, full maximum annual leave entitlement applicable to a GP i.e. 35 days.

In situations where a CHO signs a temporary contract with a GP, and the contract being greater than one month, annual leave entitlement shall be given on a pro-rata basis and related to the size of the panel being looked after.

In the case of partnerships or group practices annual leave entitlements shall be based on the individual GPs contract.

Should a GP be unable to obtain the services of a locum for periods of annual leave, the CHO, on request, will arrange locum cover where possible. Such a request should normally be submitted to the CHO at least four weeks prior to commencement of the leave period.

### 6.5.3 Study Leave

GPs participating under the GMS will be entitled to ten days study leave with a panel of 100 patients or more. Leave may be taken on a half or single day basis, Monday to Sunday. The leave year runs 1st April to 31st March.

Study leave entitlement shall not apply to GPs with panels of less than 100 patients and who did not hold a capitation contract.

In order to have a claim for study leave processed, a participating GP shall submit a certificate of attendance to the relevant CHO with an undertaking that the GP has taken full responsibility for the provision of locum cover

### 6.5.4 Sick Leave

Under GMS contract a contribution to locum expenses is reimbursed in approved circumstances.

The appropriate contribution towards locum expenses up to a maximum of 92 calendar days on full pay, followed by a maximum of 91 calendar days, subject to a maximum of 183 calendar days sick leave in a rolling four year period.
In recognition of the fact that, sometimes, a longer period of sick leave can be required to address a very serious illness or serious physical injury. There is a provision for additional payments to apply for critical illness or serious physical injury in line with those which apply to the officers of the Health Service Executive. The award of extended sick leave for critical illness or serious physical injury is at the discretion of the HSE, after medical advice from an Occupational Health Physician nominated by the HSE has been received.

Payment of a subsidy in respect of the cost of locum cover during a period of sick leave is on the basis of the following provisions

- no subsidy will be reimbursed when the sick leave period exceeds the maximum aggregated days during any continuous period of four years
- medical practitioners shall be expected to cover for each other during the first seven days of any episode of sickness
- subject to the limitations mentioned at 2(a) a subsidy shall be paid at the appropriate rate in respect of any days sick leave, unless, by reason of such payment, the period of sick leave during which the medical practitioner has been paid the appropriate rate would exceed 92 days during the 12 months ending on such day,
- subject to the limitation mentioned at 2(a) payment shall be paid at half the appropriate rate after payment has ceased, by reason of the provision in sub-paragraph 2(c), to be paid at the full rate,
- for the purposes of these provisions every day occurring within a continuous period of sick leave shall be reckoned as part of such period.

Having regard to the foregoing provisions, payment of a subsidy towards the cost of arranging cover and/or employing a locum during periods of sick leave shall be made on the following basis:

- during the first seven days of an episode of sick leave, when medical practitioners are expected to cover for each other, a subsidy of €197.24 per day (Monday to Friday inclusive) shall be paid to the medical practitioner in respect of the cost of cover. In the case of a doctor with a panel of 100-700 where the payment will be the equivalent of their weekly capitation earnings.
- after the first week of an episode of sick leave a medical practitioner, with 700 patients or more on his/her panel, shall be paid a subsidy of €1,380.65 per week for the next 85 calendar days and €690.33 per week for the following 91 calendar days in respect of employing a locum.
- Those will panels between 100 to 700 patients shall receive a subsidy equivalent to their capitation earnings during the second and subsequent consecutive 92 calendar days of sick leave (not exceeding €197.24 per day) and half that amount for the second period of 91 calendar days.

Payment of sick leave subsidy shall be subject to the receipt of a properly completed claim form, including evidence of payment to the covering practitioner or locum and independent medical certification of sickness.

Sick leave entitlement shall not apply to medical practitioners with panels of less than 100 patients.

When it is clear that the incapacity will last for more than one week and for rural practitioners in all cases the locum shall be put in place as soon as possible.
GPs in receipt of Rural Practice Allowance/Rural Practice Support Framework attract, full maximum sick leave entitlement applicable to a GP.

In the case of extended sickness, where the Chief Officer, CHO has reason to believe that the medical practitioner is not likely to resume his/her practice, the Chief Officer, CHO may have regard to paragraph 37 of the agreement, where he/she considers such action appropriate.

### 6.5.5 Leave for attendance at meetings

Approved contribution towards the employment of locum expenses will be reimbursed in respect of attendance by GP at meetings of statutory bodies or at GP Committee meetings convened (and verified) by the IMO.

### 6.5.6 Maternity Leave

A General Practitioner with 100 or more patients shall be entitled to 26 consecutive weeks leave. The total reimbursed per week will depend on the GPs panel size.

At the end of maternity leave the GP shall on application to the CHO, be allowed up to 16 week unpaid leave.

Maternity Leave entitlement shall not apply to GPs with panels of less than 100 patients.

GPs in receipt of Rural Practice Allowance/Rural Practice Support Framework attract, full maximum maternity leave entitlement applicable to a GP.

### 6.5.7 Paternity Leave

GPs may take 14 days/2 weeks paternity leave with pay in respect of the births of children once signed up to GP Modernisation. In the cases where there are two or more children born or two or more children adopted, the entitlement to Paternity Leave will be 14 days for each child. This leave may be taken by eligible GPs as the time of birth or up to 26 weeks after the birth.

Where the GP has not signed up to GP Modernisation, GPs may take three days paternity leave with pay in respect of the births of children on or up to four weeks after the birth of the child.

In the case of adoption, the leave may be taken on or up to four weeks after the date of placement of the child. In the cases where two or more children are born or two or more

children are adopted, the entitlement to paternity leave will be three days for each child e.g. where twins are born, the father would be entitled to six days paid leave.

### 6.5.8 Covid 19 Leave

Where a GP who holds a General Medical Services (GMS) contract with the HSE (i.e. Medical Card, GP Visit Card and/or Under 6 Contract) and is required to self-isolate he/she can claim a contribution towards locum expenses for the duration of the self-isolation period.

This locum contribution shall also apply to periods of Covid 19 related sick leave where a GMS GP has contracted the virus.

GPs should use the current ALF/1 form for this purpose and write 'COVID 19 leave' on their form when submitting with the usual supporting documentation to their local Primary Care Unit for approval.

## 6.6 Contribution towards the employment of Practice Nurse/Manager and Secretary

GP's who hold a valid capitation contract and/or Under 6 contract with a panel of 100 or more patients are entitled to claim a contribution towards the employment of practice nurse/practice Manager and practice secretary.

### 6.6.1 Practice Secretary

A participating medical practitioner shall be entitled to apply for a subsidy towards the cost of employing staff to provide secretarial assistance, including reception duties and record keeping, in the following circumstances.

- the appointment is made on the basis of a written contract of employment, including agreed hours of attendance in the practice, to be made available to the CHO;
- the appointment is based on the understanding that the holder is remunerated and that such remuneration is assessable to income tax, and subject to PRSI deduction, where applicable;
- evidence of such remuneration and the payment of the appropriate taxes, levies etc. to be made available to the HSE annually.

Payment of the subsidy will be based on the weighted panel of the GP. A GP with a weighted panel of 1,200 patients or more will be entitled to the full subsidy and those GPs with weighted panels of less than 1,200 patients will be entitled to the subsidy on a pro-rota basis.

GPs in partnerships or group practices, approved by CHO, may aggregate/combine their panels when making applications for the subsidy. However, in no circumstances shall a partnership or group practice qualify for a subsidy in respect of more than one practice Secretary and practice nurse/practice Manager per contracting GP in the practice.

The subsidy shall apply to those secretarial staff employed on a full time basis and employment contracts of shorter duration shall be subsidized on a pro-rota basis.

Under no circumstances will the amount of the subsidy exceed the actual cost to the GP of employing the staff concerned.

The subsidy shall be payable where the relevant CHO has approved PSN/1 form and affirmed that they are satisfied that the employment and service are in accordance with the terms outlined above.

### 6.6.2 Practice Nurse

A participating medical practitioner shall be entitled to apply for a subsidy towards the cost of employing a practice nurse provided the following are met:

- responsibilities in the form of a job description, are clearly laid down in a written contract of employment, a copy of which is made available to the CHO;
- the employee is currently registered with Nursing & Midwifery Board of Ireland (Bord Altranais agus Cnaimhseachais na hEireann) in general or public health nurse division of the register;
- the remuneration is assessable to income tax and subject to PRSI deductions, where applicable;
- evidence of payment to the nurse and of the payment of the appropriate taxes, levies etc, are made available to the HSE annually;
- evidence of appropriate insurance cover in respect of the practice nurses duties is provided;
- the services provided by the practice nurse contribute to the effectiveness of the general practitioner service primarily through active nursing or the general care of patients. Within the surgery and through assistance to the GP, and not through the provision of secretarial or other non-nursing duties;
- the practice premises are suitable for the provision of a practice nurse service.

Payment of the subsidy will be based on the size of the patient panel. A GP with a weighted panel of 1200 or more patients and who is liable for the full rate of employers PRSI will be entitled to the full subsidy. Those GPs with weighted panels of less than 1200 or who are liable for less than the full rate of employers PRSI or no contribution will be entitled to the subsidy on a pro-rata basis.

Payments will be made to participating GPs with a panel size of at least 100 patients.

The subsidy shall apply to those practice nurses employed on a full time basis and employment contracts of shorter duration shall be subsidised on a pro-rata basis.

Under no circumstances will the amount of the subsidy exceed the actual cost to the GP of employing the staff concerned.

The subsidy shall be payable where the relevant CHO have certified that they are satisfied that the employment and service are in accordance with the terms outlined above.

GPs in partnerships or group practices, approved by CHO, may aggregate/combine their panels when making application for a subsidy. However in no circumstances shall a partnership or group practice qualify for the payment of a subsidy in respect of more than one practice secretary and/or practice nurse per contracting GP in the practice.

A medical practitioner may be paid a subsidy in respect of the employment of both a practice secretary and a practice nurse, where the same person carries out both duties and where the qualifying conditions of the subsidy payable will be appropriate to the hours worked, as certified by the CHO, in each post.

A medical practitioner in receipt of a RPA/RPSF shall be deemed to have a weighted panel of 1200 for the purpose of computing practice support subsidy.

### 6.6.3 Practice Manager

General approval to the diversion of unused practice secretary or practice nurse subsidies towards the appointment of a practice manager should be only be considered by CHO where it is satisfied that such an appointment and diversion of subsidy will result in a significant benefit to the practice by way of an improvement in practice organisation and lead to an increase in the quality and range of services provided to patients.

Under the arrangements a practice manager may be hired on a full time or a sessional basis* by a group or co-operative of general practitioners who have a formalised arrangement to practice at a single centre or in a multi-centred practice. A diverted subsidy is payable towards the practice manager post in accordance with the terms and conditions set out in paragraph 2 below.

In all cases the subsidy towards the employment of a practice manager is derived from those monies which may be deemed to be appropriate to a practice nurse or practice secretary to whom the practice (group or co-operative) would, based on overall patient panel size, normally have an entitlement but which is not being claimed. Before any approval is given to the use of practice support subsidies for this purpose. The CHO must be satisfied that the level of practice nursing support is adequate to meet the needs of the practice.

The CHO must be satisfied that the duties of the proposed practice manager post are stipulated in a contract to be offered by the group or co-operative and the terms of the contract are in accordance with the guidelines set by Irish College of General Practitioners for practice manager posts. The CHO must also be satisfied that the remuneration for the post is assessable for income tax and subject to PRSI where applicable and that the full amount of the subsidy payable is remunerated to the appointed practice manager.

<u>Group or Co-Operative Practices</u>

(a) General

A group or co-operative of general practitioners may seek to divert a subsidy to take on a practice manager where:-

- the aggregated patient panels of the groups GPs are such that, it may be deemed, there is unclaimed subsidy accruing in respect of practice secretaries and/or practice nurses,
- the subsidy sought does not exceed the maximum of one practice nurse subsidy as set out in the current fee schedule for GMS doctors,

(b) Group/Co-Operative practice seeking manager on a sessional basis
The conditions set out at 1 and 2(a) above also relate to a situation where a group/co-operative wishes to apply a diverted practice subsidy to a practice manager who is appointed on a sessional basis

*(For such purposes, a session is of three hours duration and the amount of the subsidy to be paid may be calculated pro-rata to a full time post)

### 6.6.4 How to aggregate/combine GP panels for entitlement to practice support subsidy

A practice should submit letter on practice headed paper to PCRS requesting the aggregation/combination GP panels for practice support subsidy. All GPs are required to sign the correspondence and provided a start date for the arrangement.

### 6.6.5 Practice Staff changes

The CHO must be informed and approve any change in the contract of employment for an existing practice nurse, secretary or manager before the change is submitted to the PCRS. A completed PSN/1 form with a copy of the revised contract and all required supporting documentation should be submitted to the CHO.

The same procedure applies when recruiting a new practice nurse, secretary or manager.

The termination of employee contracts must also be notified to your CHO and PCRS immediately.

### 6.6.6 An Annual reconciliation of Practice Support Subsidy

The PCRS will include two PSN/1P forms for completion in your December itemised listings each year. These forms should be completed in respect of all employees who received a subsidy during the previous year in order to facilitate a payment of practice support subsidy in respect of practice employees. These forms should be submitted by the end of January to continue payment along with the following:

- Practice Support Subsidy – Payroll Summary

Please be advised that failure to submit forms and supporting documentation in a timely fashion may cause a delay in payments.

### 6.6.7 Methodology of claiming contribution towards Practice Support Subsidy

Algorithm to calculate contribution towards Practice Support Subsidy
The factors that make up this formula are:

- Base Salary (increment point)

- PRSI rate
- Weighted panel
- Hours practice staff employed

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Base Salary | x | Weighted panel | x | Actual hours worked | x | 100+PRSI Rate | No. of days |
| | | Max weighted panel | | Max hours | | 100+Max PRSI Rate | 365 |

### 6.6.8 Average Weighted Panel Calculations (2.4.12 GP Contractual Reform and Service Development)

The current formula for calculating subsidy payments to GPs is based on a weighted average panel size for the previous twelve months (based on a rolling twelve months). This resulted in where a GP, at the HSE request, takes over another panel and combines it with his/her own must wait for twelve months to elapse before he/she receives the full weighted average relevant to the now combined panel size.

Under the terms of the Modernisation and Reform Measures to GMS Capitation Contract holders to whom signed the agreement the calculation of practice support subsides for a GP in such circumstances should be based on the combined weighted average of both panels.

It was agreed to extend this new rule set where, subject to HSE prior approval, a GP takes over the panel of a retiring/resigning partner.

## 6.7 Medical Indemnity Insurance

GPs with panel size of 100 or more are eligible to apply to their CHO for refund for Medical Indemnity Insurance.

In order to claim a refund a GPs must submit one or more of the following documentation to his/her Community Health Organisation:

1. Confirmation of cover
2. Membership Certificate
3. Confirmation of member and schedule of professional indemnity

Once a refund is approved the Community Health Organisation will forward claim to Primary Care Reimbursement Service for payment.

Details of payment will appear on the GP's monthly Itemised Listing under 'Capitation Summary'.

**Summary**

| Description | Amount |
|---|---|
| Special Type/OOH/SS/H1N1 | 2465.14 |
| Doctor Vaccinations | 0.00 |
| Doctor Outbreak Vaccinations | 0.00 |
| Capitation Payment/Supplementary Allowance | 9743.51 |
| Practice Support Subsidy | 2565.24 |
| Asylum Seeker/ Non EU Registration fee | 173.69 |
| Enhanced Capitation for Diabetes | 333.33 |
| Vaccination Fee | 306.47 |
| Registration Fee | 37.78 |
| National Cervical Screening Programme | 491.00 |
| Total Gross Payment | 16116.16 |
| Less withholding Tax | 3223.23 |
| Less Superannuation | 512.53 |
| Plus Medical Indemnity Insurance | 1666.54 |

## 6.8 Primary Childhood Immunisation Scheme

A National Primary Childhood Immunisation Scheme provides for immunisation of the total child population with the aim of eliminating, as far as possible, such conditions as Diphtheria, Polio, Measles, Mumps, Rubella and more recently Meningococcal C Meningitis, Rotavirus and Men B.

For a GP to receive payment, he/she must hold a valid Primary Childhood Immunisation Contract at the time the immunisation was administered.

Primary Care and Reimbursement Service reimburse GP's from following former Health Boards:

1) Western
2) Mid-Western
3) Southern
4) Midland

Whereas GP's outside these regions are reimbursed directly from their own appropriate Community Health Organisation.

All completed paperwork must be sent directly to Immunisation Unit of the GP's Community Health Organisation. Primary Care Reimbursement Service receive a monthly file detailing the reimbursement for each GP within the areas in which we reimburse.

Details of paid Primary Childhood Immunisation claims will be reported on a 'Detailed Payment Listing' sent out shortly after payments are made each month. Any queries relating to payments or non-payments would need to be directed to Immunisation Unit within your CHO.

## 6.9 Dispensing GP

### 6.9.1 Guidelines to becoming a Dispensing GP

In order for a GP to become a Dispensing GP no pharmacy must be located within 3 miles (4.3kms) of the GPs practice premises and the GP adheres to the following:

1. Dispensing arrangements and procedures must be wholly computerised providing greater efficiency, effectiveness and accountability. GPs will be required to input the details of each dispensing through online web browser made available to them through GP Application Suite
2. A Dispensing GP must ensure that he/she dispenses, in any calendar year, a minimum of 70% of the items prescribed for patients on his or her dispensing panel. Where a Dispensing GP fails to meet the required level he/she will be formally advised and should the practitioner fail to achieve the minimum 70% dispensing/prescribing level in three successive years they will no longer retain a dispensing status
3. In respect of drugs/medicines dispensing a Dispensing GP is required to comply with HSE Dispensing Guidelines
4. Dispensing GPs are required to obtain third party signature in respect of all drugs/medicines provided to eligible dispensing patients.

### 6.9.2 Dispensing Stock Order Forms (white)

Dispensing GP shall obtain his/her requirements of GMS reimbursable items by completing a Dispensing Doctor Stock Order form (white). A Dispensing GP shall obtain his/her requirements of GMS reimbursable items from a pharmacist whose premises are in the GPs area of practice. If there is no pharmacist in the area the GP is to obtain his/her requirements from a reasonably convenient pharmacist. Only GMS reimbursable items may be obtained on a Dispensing GPs Stock Order form and exempt Medicinal Products are not covered by these arrangements.

A Dispensing GPs Stock Order form consists of an original form and three self-carbonised copies:

1. Original – the pharmacists claim form
2. Original – the pharmacists claim form
3. Copy 1 – for the pharmacists records
4. Copy 2 – for the HSE's records
5. Copy 3 – for the dispensing GPs own records

A dispensing GP must submit Stock Order forms to their local CHO office for prior approval by the relevant HSE Pharmacist. All entries in the yellow panels of the original form must be completed beforehand. The dispensing GP detaches copy 3 from each Stock Order form before forwarding the original with copies 1 and 2 to their local CHO. Stock Order forms should be submitted at monthly intervals. Following approval the local CHO forwards the original and copy 1 of the Stock Order form to the pharmacist nominated by

the dispensing GP. Pharmacists should not supply on the basis of unauthorised Stock Order forms to GP surgeries

### 6.9.3 Dispensing Doctors Arrangement

Under heading 2.4.15 Dispensing Doctors Arrangement, each dispensing doctor who is in receipt of either Opt In and Pilot GP fee rates must provide an undertaking to the HSE to sue the Drugs Dispensing Module (that best suits your practice) and actively participate in quality improvement in relation to Health Product Regulatory Authority (HPRA).

1. **Integrated System**

GPs shall use the Drugs Dispensing Module, once integrated into the GP accredited practice management system, and forward monthly updates to records of dispensed medicines (through the integrated system) at a patient level to the PCRS in the format prescribed by the HSE.

2. **Patient Dispensing Record**

The HSE PCRS have developed an online facility to capture computerised dispensing records. The system requires you to record all drugs dispensed to dispensing patients from stock order received from the HSE. This computerised system is available as part of your GP Application Suite under Claiming heading, it incorporates standard on screen assistance including validation and screen tips for each data item. Once you have entered details onto the Patient Dispensing Record they are updated on the PCRS information system.

### 6.9.4 Order forms for Syringes, Needles and Dressing (Pink)

The order form should be used by all participating GPs to obtain supplied of non-insulin disposable syringes and needles combined or separate. Dressings for use by GPs in their surgeries in respect of their GMS patients should be ordered on the order form (pink) from the list of dressings reimbursable under the Scheme. The current list of reimbursable items is located through www.pcrs.ie or click on the following https://www.hse.ie/eng/staff/pcrs/items/.

### 6.9.5 Completion of Stock Order Forms

Stock Order forms must have the following entries completed before being handed to a the pharmacist. GPs must enter:

1. The name and address of the pharmacy entered in the space provided
2. Write or stamp their own name and address on the original and copy
3. Sign the form
4. Enter their computer sequence number in the space provided
5. Insert the date on which the stock order form is issued
6. Clearly indicate in columns 1 and 2 the size and quantity of item(s) required

### 6.9.6 Declaration on Stock Order Forms

The declaration at the foot of each order form regarding receipt of stock items should not be signed and dated until GPs have checked the stock received (complete column 3 – quantity received) against what was ordered so that any discrepancies such as items ordered not supplied or supplied in part only are identified at that stage.

## 6.10 Rural Practice Support Framework (RPSF)

GMS GP practice units in an area which has a population of less than or equal to 2,000 within a 4.8km radius of the practice unit's principal practice address will be eligible for the new Support Framework.

- GP's will be required to live within a reasonable distance of the centre, subject to the prior approval of the HSE.
- This is an alternative to the previous arrangements where the GP is required to live in the immediate centre in which his/her practice is located.
- The Support Framework for GP's in remote rural areas will also be extended to established group practices which are in a qualifying area and will not be restricted to single handed GP's only.
- The Support Framework for GP's in remote rural areas will also be available in a modified form where there are two eligible GMS practice units in a qualifying area.

### 6.10.1 Restrictions for Eligibility

There are certain restrictions on qualifications for the Support Framework. These are as follows:

- Where there are three practice units or more in a qualifying area the Framework will not apply
- No practice unit may benefit from more than one Rural Practice Support Framework arrangement. A practice unit may not benefit from Rural Practice Support Framework and Rural Practice Allowance at the same time.

### 6.10.2 Rural Practice Support Framework

A GMS practice unit which meets the criteria above will be eligible for the payment of the full subsidy for both a practice nurse and practice secretary, where the qualifying conditions are met, Annual, Sick and Maternity leave locum contribution, Medical Indemnity Refund and a financial allowance of €22,000 per annum which is reimbursed every quarter i.e. January, April, July and October.

A modified Support will be available in the situation where there are two eligible practice units operating in the same qualifying area on the commencement date of the Framework. This consists of maximum allowable for Practice Support Subsidies, Annual, Sick and Maternity leave locum contribution, Medical Indemnity Refund. A financial allowance of €11,000 per annum reimbursed every quarter i.e. January, April, July and October per practice unit is available to both eligible practice units in the area.

Eligible group practice units may designate one GMS GP's GMS panel for the purpose of calculating Practice Support Subsidies, Annual, Sick and Maternity leave locum contribution, Medical Indemnity Refund. Where a new GP enters the GMS in a qualifying area where a practice unit is already in receipt of the Framework the new GP will not be eligible to receive the benefits of this Framework.

The Rural Practice Support Framework will be reviewed in 2024, with the subsequent review taking place in 2032 and every five years thereafter.

## 6.11 National Cervical Screening Programme (NCSS)

The programme provides free smear tests every 3 years to women aged 25 to 44 following 2 consecutive 'no abnormality detected' results, women aged 45 to 60 are screened every 5 years.

For a GP to receive payment, he/she must hold a National Cancer Screening Contract at the time the smear test was performed.

All completed paperwork must be sent directly to National Cancer Screening Services. Primary Care Reimbursement Service receive a monthly file detailing the reimbursement for each GP.

Details of paid National Cancer Screening Services claims will be reported on a 'Detailed Payment Listing'. Any queries relating to payments or non-payments should be directed to National Cancer Screening Services, phone number 061-461390.

## 6.12 Opioid Substitution (Methadone) Treatment Prescription Scheme

Under the Scheme Methadone is prescribed by Doctors for approved clients. Under this Scheme participating Contractors are reimbursed a patient care fee i.e. one patient care fee per patient per month and assigned to the contractors on the 1st of the month. The patient care fee refers to the GP contract level.

Definitions of Accreditation Levels:

- Level 1 – GP cares for a transfer patient who have been stabilised in the clinic and is now on a maintenance treatment
- Level 2 – GP may take on clients for stabilisation and maintenance in general practice.

The Central Treatment List maintains information on all persons eligible under Methadone Treatment Scheme. A monthly extract is made available to Primary Care Eligibility and Reimbursement Service for reimbursable purposes.

All prescriptions for methadone must be written on a Methadone Prescription Form.

In the case of a prescription for methadone, which is being issued for or in connection with the treatment of opiate dependence, the prescription shall not be issued unless:

- The person for whom it is issued is the holder of a valid drug treatment card
- The prescription is written on a form supplied by or on behalf of the Minister for Health

In the case of a prescription for methadone, which is being issued for the treatment of a person for the purposes other than for or in connection with opiate dependence, the prescription shall not be issued unless:

- The prescription has been issued by a medical consultant (in hospital practice) or has been initiated by such consultant, whose name and address must be included on the prescription
- The prescription is written on a form supplied by or on behalf of the Minister for Health

In all cases the practitioner must be satisfied as to the identity of the person for whose treatment the prescription is being issued.

## 6.13 Universal GP Care

### 6.13.1 Introduction

From July 2015 the following was introduced:

- GP care free at the point of service to all children aged under 6 years.
- GP care free at the point of service to all persons aged 70 years and over.
- A Cycle of Care in General Practice for patients with Type 2 Diabetes as an enhanced service under the existing General Medical Services (GMS) Capitation contract.

These developments marked the first phase of the introduction of Universal GP Care and represent the first steps in the process of re-investment in and strengthening of General Practice as a key component in the overall health care system in this country. We still have a significant programme of work ahead of us to deliver on the vision of a strengthened General Practitioner service which is capable of providing a more extensive range of enhanced service offerings, such as chronic disease management programmes.

Also introduced at the same time:

- Option to extend GPs retirement age under his/her public contracts from 70 years up to a maximum of 72 years.
- Introduction of flexible shared arrangements where two GPs can share a contract.

### 6.13.2 GP Care for Under 6s

A new contract was introduced to provide GP services to all children under 6 years. Once GP has signed this contract, he/she will be required to provide a general medical service to children aged under 6 whom are registered on his/her panel. This includes the carrying

out of periodic wellness checks for children, once at age 2 and once at age 5, which are focused on health and wellbeing and disease prevention. An age appropriate list of Special Items of Service is also provided under this contract.

### 6.13.3 Cycle of Care for Asthmatic Patient

An Asthma Cycle of Care has been included in the service to be provided under this contract. The GP will be required to maintain a register of children aged under 6 with a diagnosis of asthma and provide services to such child patients in accordance with the agreed Cycle of Care. A patient can only be registered as Asthmatic on PCRS system from 2 years.

At year end the GP will be required to submit confirmation of the Asthma Check. Where the data is being provided an information return is required at least once a year until the child attains the age of 6 years.

### 6.13.4 GP Care for Persons aged 70 years and over

All persons aged 70 years and over, with the exception of such persons who hold a valid medical card, shall be enabled to access GP services, free at the point of service, under the GP Visit Card Contract of 2005.

### 6.13.5 Cycle of Care for GMS (Medical Card and GP Visit Card) Patients with Type 2 Diabetes

GPs who opt to provide Cycle of Care, will be required to create and maintain a register of their patients who have a diagnosis of Type 2 Diabetes and to provide two structured visits per annum to such patients. Participating GPs will also be required to submit an agreed data set to the HSE on an annual basis. A patient can only be registered as Diabetic on PCRS system from 18 years to under 75 years.

### 6.13.6 Flexible/Shared GMS Contract

This provision came into effect on 1st July 2015 similar to the Under 6 GP Contract.

Any GP who is eligible to hold a GMS contract is entitled to apply to become a party to a flexible/shared contract arrangement. Each such application will be considered on its merits and the HSE shall have due regard to the GPs specific circumstances.

If you wish to obtain more information with regard to Flexible/Shared Contract please contact your local Primary Care Unit.

### 6.13.7 Integrated Data Returns

Since the introduction of Under 6 GP Services, Asthma Cycle of Care and Diabetes Cycle of Care, the PCRS has collaborated with General Practice Information Technology (GPIT), system vendors and Healthlink to develop an integrated solution to facilitate the electronic submission of data returns by GPs in respect of the new services.

These collaborative efforts will assist GPs in reducing the data required to be submitted via an internet browser. The integrated return, the GPs who opt for this approach, will return, via Healthlink, confirmation of service provided to PCRS and separately store anonymised clinical date returned directly to the HSE clinical repository. The latter being extremely important in allowing the HSE evaluate the effectiveness of such GP practice delivered services into the future.

From February 2018, GPs can return data generated as a result of the delivery by them of periodic assessments, asthma and diabetes cycle of care in accordance with the agreed datasets. GP vendors will provide information regard new functionality added to GP Practice Software and provide normal assistance to you in this regard. Please note that data returns will be accepted by the PCRS for services provided since the commencement of the contract. The mechanism for submitting these older data returns will be dependent on the specific implementation by computer software vendor. However in such cases where the data returns, prior to February 2018, are not capable of being returned in whole or part, GPs should retain their records in the event that they are required for audit purposes.

There will be no functionality for GPs to return data generated as a result of the delivery by them of periodic assessments, asthma and diabetes cycle of care manually.

## 6.14 Maternity and Infant Care Scheme

### 6.14.1 Online Claiming

From 1st July 2019 Maternity and Infant Care Scheme was centralised to PCRS for online claiming through GP Application Suite.

The new functionality enables GPs to register and submit claims online for expeditious processing. Moving to online claiming will provide faster access to payment with valid claims paid in your monthly PCRS payments as opposed to waiting until the full package of care has been provided and submitting to local offices for manual processing.

Benefits for GPs include

1. Earlier access to payments with online claim submission
2. Reliable Service
3. The online facility eliminates rejections and reduces the need to query payments
4. Access to dedicated claim support team
5. Access to comprehensive reports detailing claim processed for payment
6. Faster search and retrieval data access
7. Online ordering of pregnancy test kits
8. Centralised processing and reimbursement

### 6.14.2 Manual Claiming Submission

From 1st October 2019, as the service is now centralised, GPs who have not opted for on-line registration should submit any new registrations and claims to PCRS.

a) **Revised Manual Route improving registration process** – Cognisant of the efficiencies created in providing online functionality the PCRS took the opportunity to review the manual process. The process has been simplified, therefore, instead of applying to the PCRS to register your patient for the Maternity & Infant Scheme a new declaration was introduced. The declaration asked the GP to certify to the best of their knowledge that the patient was ordinarily resident. Residency can be confirmed by the patients holding a Medical Card, GPV Card, Drug Payments Scheme Card or Long Term Illness Card.

b) **2009 Manual Process** – Following a request from the IMO, they would like no changes introduced for those who continue to submit manual registrations and claims as set out in 2009. In these circumstances, 1999 claim forms will no longer be accepted. GPs who would like to avail of the 2009 option must send their registration forms completed by both the expectant mother and the GP to the PCRS for admission to the scheme prior to commencing a course of service. The PCRS will advise the GP once the expectant mother is approved for the service. As the 2009 registration and claim form does not have the number of previous births, you will be required to ensure your registration form contains this information to avail of the higher fee available. In circumstances where this information is not provided the PCRS can only reimburse in line with payments for first pregnancy.

For GPs who are interested in transitioning to online claiming, please contact pcrs.maternityandinfant@hse.ie to request a copy of Maternity and Infant Care Scheme Online Submission form from a member of the M&I team.

Frequently Asked Questions (FAQs) and a user guide is available on the GP Application Suite to those GPs who opt to submit online.

## 6.15 Phlebotomy Services

If a GP has practice based phlebotomy services which forms part of the investigation and necessary treatment of a patient's symptoms or conditions by the patient's GP, this service should be provided free of charge where the patient holds a valid Medical Card or GP Visit Card.

If part of necessary treatment includes phlebotomy, the GP must provide that service free of charge. The fact that phlebotomy services may be available in other care settings does not entitle the GP to charge patients for the taking of blood in order to diagnose or monitor their condition.

The HSE Community Healthcare Organisation will fully investigate any reported incidents of eligible patients being charged for this service. In turn any investigated instances of either Medical Card or GP Visit Card holder being charged for the taking of blood will result in the PCRS making a full refund to the patient with a corresponding deduction being made from the routine payments to the GP concerned. These deductions will be communicated to you and reported transparently on your monthly payment listing.

## 6.16 Online GP Application Suite

The majority of GPs have registered to access the GP Suite. The benefits of this facility include:

- Online claim entry which is available 24/7
- Downloadable and printable Itemised and Panel listings (5 year archive)
- Confirm a client's Medical Card eligibility status, at the point of service
- Online registration for Cycle of Care
- Add a new baby
- Complete a sensitive renewal
- Complete a patient reinstatement
- Remove a patient from a panel list
- Complete a Change of GP
- Access to a Suite of Reports e.g. Benzo Listings, Prescribing Analysis, Summary, Non-Dispensing
- Order Stationary e.g. GMS prescriptions

To register for GP Suite GPs must complete Primary Care Eligibility and Reimbursement Service Security Certificate Requisition in order for PCRS to issue security certificate to download onto practice pc. Should you have any queries on how to use the Suite please contact the Doctors Unit directly on 018647100 option 2.

## 6.17 Chronic Disease Management Programme (CDM)

The first phase of the CDM Programme was introduced January 2020 for adult GMS patients aged 75 years and over who have a diagnosis of one or more the following:

- Asthma
- Type 2 Diabetes
- Chronic Obstructive Pulmonary Disease (COPD)
- Cardiovascular Disease including stable Heart Failure, Ischaemic Heart Disease, Cerebrovascular Disease (Stroke/TIA) and Atrial Fibrillation

Eligible patients aged 75 years and over who are registered under the Diabetes Cycle of Care and the Heartwatch Programme will need to be transitioned on to the new CDM Programme. Payments under the Diabetes Cycle of Care and the Heartwatch Programme will cease for such patients were a data return under the CDM Programme is received from the GP by the HSE PCRS.

To support patients in managing their chronic condition(s) there are two scheduled reviews in a 12 month period. It is envisaged that each of the twice yearly scheduled reviews will require a visit to the GP and to the practice nurse. GPs must ensure that there is an interval of at least four months between each such scheduled review over a rolling twelve month period. A written Care Plan must be agreed and issued to the patient following the completion of the review.

GPs are required to submit a data return to the HSE, in the required format, following each scheduled reviews through their GP Management System. Reimbursement will issue to GPs from HSE PCRS following receipt of each data return.

This new service development has been introduced on an "opt in" basis for GMS Contract Holders who have signed up to the Service Modernisation and Reform Measures.

### 6.17.1 Modified Structured Chronic Disease Management Programme (MCDM)

MCDM will operate from 1st July 2020 to 31st December 2020 for adult patients aged 70 years and over who have a diagnosis of one or more of the following conditions:

- Asthma
- Type 2 Diabetes
- Chronic Obstructive Pulmonary Disease (COPD)
- Cardiovascular Disease including stable Heart Failure, Ischaemic Heart Disease, Cerebrovascular Disease (Stroke/TIA) and Atrial Fibrillation

The MCDM allows for Eligible patients to have one review from 1st June 2020 to the 31st December 2020 to be provided by GP (and practice nurse where appropriate).

Patients who have received a CDM review between the 1st January and up to 31st May 2020 are eligible for inclusion in the MCDM Programme once there is at minimum four months between reviews. MCDM allows for patients to have one review (either a CDM or a MCDM) either remotely over the telephone/video call or through an in person review in the GP surgery. A written Care Plan must be agreed and issued to the patient following the completion of the review regardless of whether the review is the modified or an in surgery review.

A MCDM dataset has been agreed for reviews completed remotely over the telephone/video call. Once a modified review is submitted, it is not possible to add to it later to transform into a full review.

### 6.17.2 Nursing Support

The additional workload arising for GP practices under the CDM and MCDM Programme funding has been provided for in the Agreement to support the enhancement of Practice Nurse Capacity. The funding will be allocated on a phased basis in line with the roll out of the Programme over the period 2020-2023.

### 6.18 Seasonal Influenza Vaccination Programme 2020/2021

In the context of the Covid 19 pandemic a number of changes are being made to the groups who will be able to access the seasonal Influenza Vaccination Programme for winter 2020/21 as follows;

- All those aged 6-23 months and 13-64 years in a risk group can receive the vaccine and have it administered by their GP or Community Pharmacy of choice free of charge, regardless of their eligibility status
- All those aged 65 years and over regardless of (i) whether they are in a risk group and (ii) their eligibility status can receive the vaccine and have it administered by their GP or Community Pharmacy of choice free of charge
- All healthy children aged 2-12 years regardless of (i) whether they are in a risk group and (ii) their eligibility status can receive the vaccine and have it administered by their GP or Community Pharmacy of choice free of charge. Certain children in at risk groups will require a second vaccination and this is also covered and payable as a separate vaccination.
- Each GP will be eligible for a further payment of €100 for every 10 unique patients to whom he/she administers the QIV Influenza vaccination.
- Each GP will be eligible for a further payment of €150 for every 10 unique patients to whom he/she administers the LAIV Influenza vaccination.

Children aged from 2-12 years inclusive should receive the vaccine intra-nasally (LAIV) unless they are contraindicated, while all others will receive it via the usual intra-muscular route (QIV).

# 7. Prescribing

## 7.1 Prescribing Information

The list of drugs, medicines, appliances and other non-drug item are on www.pcrs.ie under 'List of Reimbursable Items', the common list of items for both the GMS Scheme and the Drugs Payment Scheme.

Certain categories of products will not form part of the Common List. Medical Cardholders will continue to have their requirements for these products met by their Community Healthcare Organisation e.g. dressings, incontinence products.

### 7.1.1 Long Term Illness Scheme (LTI Scheme)

Drugs, Medicines and Non-drug items reimbursable under the LTI Scheme are intended for the treatment of the primary condition. Core lists were developed following detailed consultation with Medical Officers, HSE Pharmacists and HSE Medicines Management Programme. The HSE is satisfied that all medicines that should be necessary for the treatment of each primary LTI condition are provided on these Core Lists. Patients, GPs

and Community Pharmacists can view the approved medication lists for each condition below:

https://www2.hse.ie/services/long-term-illness-Scheme/approved-medications.html

When patients required medicines are changed or additional items are prescribed for their Long Term Illness(es), approval must be given by the PCRS. Novel products also require prior authorisation from the PCRS.

### 7.1.2 High Tech Drugs Scheme (HTD Scheme)

Commenced in November 1996, the High Tech Drugs Scheme provides for the supply and dispensing of high-tech medicines through community pharmacies were initiated by a hospital consultant only. The medicines are purchased by the HSE and supplied through community pharmacies for which Pharmacists are paid a patient care fee by the PCRS each month. Examples of high-tech drugs are: anti-rejection drugs for transplant patients, chemotherapy, growth hormones and infertility drugs.

### 7.1.3 Nicotine Replacement Therapy (NRT)

The Department of Health approved the reimbursement of Nicotine Replacement Therapy (NRT) for eligible GMS persons only with effect from the 1st April 2001.

- The quantity to be prescribed and dispensed on the initial prescription should be limited to two weeks supply in order to evaluate the success of the individual therapy
- NRT must be prescribed on a single GMS form
- Patients are not limited to a maximum duration of therapy
- More than one formulation (e.g. NRT patch and chewing gum) may be prescribed as per research involving dual support
- Under community drug schemes reimbursement for NRT is limited to the GMS scheme

Varenicline and Bupropion, classified as drugs used in nicotine dependence are reimbursable under GMS and Drugs Payment Scheme (DPS). PCRS accept claims for combined treatment of either Varenicline or Bupropion with NRT.

### 7.1.4 Oral Dosage forms of Drugs used in the treatment of Erectile Dysfunction

The Department of Health approved the admission of certain oral dosage forms of drugs used in the treatment of erectile dysfunction to the list of reimbursable items on the GMS and Community Drug Schemes. To ensure availability for genuine need, but to reduce the possibility of inappropriate usage, the maximum reimbursable level for oral dosage forms of drugs used in the treatment of erectile dysfunction is a total of four per month. This will apply whether or not more than one such oral medicinal product has been prescribed and dispensed for a patient in the same calendar month. The Primary Care Reimbursement Service will not reimburse quantities on the excess of this level.

On 1st April 2017, the HSE ceased Reimbursement of Phosphodiesterase type-5 (PDE5) inhibitors for the treatment of erectile dysfunction with the exception of low cost referenced priced products.

### 7.1.5 Prescribing and Dispensing

The HSE shall make available special forms to the medical practitioner for the purpose of prescribing drugs, medicines or appliances to eligible persons. The medical practitioner shall keep the stocks of these forms carefully and securely. He/she shall use them only for issuing prescription to eligible patients and shall complete each form in accordance with its terms. The medical practitioner shall comply with all legal requirements including misuse of drugs legislation and control of sales regulations. The doctor shall write "medically urgent" on forms where medicine is urgently required.

#### 7.1.5.1 Prescribing and Dispensing Requirements

With regard to these prescriptions, the Misuse of Drugs Regulations, 1988, 1993 and 2017 and the Medicinal Products (Prescription and Control of Supply) Regulations, 2003, apply in full.

1. Medical preparations containing a drug the subject of an entry in Schedule 1A of the Medicinal Products (Prescription and Control of Supply) Regulations, 2003 are not repeatable unless the prescriber explicitly specifies by writing, "Repeat (once or twice)".
   Prescriptions for Schedule 1A (S1A) drugs which are not specifically so indicated cannot be repeated. Preparations containing or consisting of the following are among those covered by Schedule 1A: antibiotics, antidepressants and hypnotic drugs.
2. Controlled drugs in Schedules 2 and 3 of the Misuse of Drugs Regulations, 1988 should not be written on, or dispensed on foot of, a repeat prescription under any circumstances.
3. Misuse of Drugs Regulations, 2017 which came into force 4th May 2017 brings imminent changes to the regulations relating to controlled drugs. Significant changes to the prescribing and dispensing of benzodiazepines and 'z-drugs' came into force with the new regulations. The Regulations and associated Orders are available on www.irishstatuebook.ie and there is also a link via the Department of Health website www.health.gov.ie.
4. The new Regulations contain a new Schedule 4 Part 1 and the restrictions in place on possession of controlled drugs will apple to controlled drugs listed in this new part. Most benzodiazepines will now be in Schedule 4 Part 1 of the new Regulations, as will the 'z-drugs' zopiclone, zolpidem and zaleplon. Temazepam and flunitrazepam will remain in Schedule 3.

### 7.1.6 Authentication of prescriptions

There have been several instances when medicines were supplied in good faith on foot of GMS prescription forms where such forms were either, duly issued by a GP and altered

with intent to deceive, or, stolen from a GP and issued with fraudulent intent by a person without authority to prescribe.

The Primary Care Reimbursement Service can only accept for payment prescriptions that have been signed in full by the GP in ink. Forms initialled only, or those on which a facsimile signature appears, or a signature otherwise reproduced, cannot be accepted.

### 7.1.7 Illegible Patient Numbers on GMS prescription forms

Prescription forms that have 'illegible' numbers in the patient number area make identification of such claims in a reject situation almost impossible. The majority of claims containing 'illegible' patient numbers arise on 'Repeat' forms. The incidence of Repeat Prescription Forms with illegible patient numbers could be reduced if GPs ensure that the carbonised entries in the Patient Number area are legible and that the patient number corresponds with the Patient Number on the original prescription form (Part 3).

### 7.1.8 Carbonised or Copied Prescriptions

Prescriptions that have been carbonised or copied from one GMS prescription form onto another GMS prescription form, apart from possible legal implications, do not meet PCRS requirements.

The PCRS may raise particular instances with the health professionals concerned.

### 7.1.9 Dispensing of Emergency Supplies on a Hospital Prescription Form for a GMS Patient

It is the current practice that persons with established eligibility under the General Medical Services Scheme who are provided with a prescription form on their discharge from a hospital are required to request a general practitioner, participating in the General Medical Services Scheme, to transcribe the prescribed items onto a GMS prescription form in order for such items to be dispensed free of charge for that person.

It has however been indicated that this arrangement creates difficulties for those discharged from hospital late in the day, on weekends or at other times outside normal surgery or who require to have a hospital prescription dispensed urgently.

To address these difficulties community Pharmacists participating in the GMS Scheme are authorised to dispense up to a maximum of seven days' supply, subject to permitted exceptions, of medicines prescribed for persons who have been in-patients of Acute General Hospitals or who have attended the Accident & Emergency Departments of General Hospitals and when, because of the circumstances of their discharge and/or the urgency of the prescribed medication it is not possible or very convenient for such persons to attend their general practitioners to have the hospital prescription items transcribed to GMS prescription forms.

NB Out-Patient Department (OPD) prescriptions are not covered by these arrangements.

### 7.1.10 Repeat prescriptions - GMS Scheme

Repeat prescription sets are intended for use by participating GPs only when they intend that a particular item or items be repeated and repeat dispensing is a legally permissible option.

The "Repeat Prescription Set" consists of three two-part sets of self-carbonising forms, the top copy of which is the original prescription. When a GP wishes to have a prescription for a GMS patient repeated once the patent should be issued with Part 2 and Part 3 i.e. two two-part sets - the remaining Part 1 should be shredded - if two repeats are required the complete set should be issued. It is important that all forms issues are legible.

Each 'Repeat Prescription Set' must have a Patients name, Address and Current Medical Card Number entered thereon. Each original form must be signed by the Prescribe and be stamped with his/her name and address.

A patient who has been issued with a Repeat Prescription Set is required to present the complete set to a Pharmacist for dispensing.

### 7.1.11 Order Forms for Non-Insulin Syringes, Needles and Dressings

The foregoing provisions apply except that there is no necessity for the GP to seek approval from the HSE. All GPs participating in the GMS Scheme may use the Syringes/Needles and Dressings Order Form to obtain items from those particular classes for use in the surgery in respect of their GMS eligible patients only.

### 7.1.12 Personalised Prescription Forms

These can be ordered via GP Application Suite through the 'Account Details' heading. A certificate is required to have access to GP Suite. Where a GP does not have access to online suite he/she can contact PCRS to place an order.

When prescribing for any GMS patient GPs are required to use the personalised prescription forms. These should also be used by their locums i.e. a locum who is not participating GP in the GMS Scheme.

Where you locum is a participating GP in the Scheme, they can use their own personalised prescription forms when prescribing for your GMS patient.

### 7.1.13 Phased Dispensing

Under Phased Dispensing rules the circumstances in which Phased Dispensing may be the subject of a valid claim are

1. At the request of a patient's physician
2. Due to the inherent nature of a medicinal product i.e. product stability and shelf life
3. Where a patient is commencing new drug therapy with a view to establishing patient tolerance and acceptability before continuing on a full treatment regimen

4. In exceptional circumstances where the patient is incapable of safely and effectively managing the medication regimen

This functionality has been made available through the GP Application Site to GPs who wish to enrol patients for phased dispensing without writing 'Phased Dispensing' on the GMS prescription. Where a GP completes the application, it will be automatically approved and visible to the Pharmacist through the Pharmacy Application Suite.

Where the GP has made a request to the pharmacy by writing the words 'Phased Dispensing' on the prescription, the pharmacy has the functionality through the Pharmacy Application Suite to upload a copy of the GP prescription displaying the GPs instruction for phased dispensing.

Phased Dispensing must be written on the face of the prescription each month unless the GP enrols the patient through the GP application Suite. If the patient is 80 and over when enrolled through the GP Application Suite foe Phased Dispensing, such approval would be lifelong.

Please be aware that Phased Dispensing is not a Monitored Dosage System (MDS) service. MDS services are not encompassed by any state reimbursement arrangements. Pharmacists may choose to provide a monitored dosage system service as a quality improvement to patients who they believe might benefit.

### 7.1.14 Lidocaine 5% Medicated Plasters (Versatis)

As per recommendation of the HSE Medicines Management Programme (MMP) which was accepted by the HSE in relation to individual approval of Lidocaine 5% medicated plasters (Versatis) for specific patients i.e. those with post-herpetic neuralgia (PHN).

If a GP believes that any of his/her patients should receive reimbursement support for Lidocaine 5% plasters and they have previously had Shingles (Herpes Zoster), you can register specific patients for reimbursement support through the Special Drug Request section on the GP application suite.

To register specific patients for individual reimbursement support, please provide the following details online:

- GMS number or Drugs Payment Scheme (DPS) Number
- Patient Diagnosis - PHN or other
- If Antiviral Therapy has been used and when
- Exceptional Circumstances outside of the licensed indication

All patients on this treatment for PHN must be individually registered. When registered under PHN, approval is real-time and the patient will be approved for three months of reimbursement support.

Where the application is under Exceptional Circumstances, the application will be reviewed by the Medicines Management Programme (MMP), before a decision is made and communicated through the application suite to the GP. Applications reviewed by the MMP under Exceptional Circumstances may take up to three working days before approval or non-approval will be communicated back to the GP through the GP Application Suite.

MMP have reviewed and approved cases where an indication of PHN is outlined or the application for neuropathic pain clearly indicates an unmet clinical need where all other therapeutic options have been trailed.

It is important to note that online application must be initially be made via the GP Application Suite for reimbursement to be authorised.

All appeals are reviewed on a case-by-case basis taking into account the initial online application and the information in the appeal submission.

From 1st April 2018 a number of changes have been made to the current online reimbursement application system for lidocaine 5% medicated plaster (Versatis).

To facilitate hospital prescribers and reduce the burden on GPs, the PCRS has opened the reimbursement application system to hospitals under 'Services for Hospitals' on the PCRS website (www.pcrs.ie). Therefore, it will be no longer mandatory for the application to be submitted by GPs as all clinicians once user-registered with the PCRS will be authorised to apply for reimbursement. The same criteria will apply to all clinicians.

All patients including those with an indication of post-herpetic neuralgia (PHN) will need to be reviewed and approved by the MMP prior to the initiation of treatment. The current automatic approval for patients who received recent antiviral treatment will no longer apply.

Once a patient is approved for reimbursement support by the MMP irrespective of the indication, there will be no expiry on the duration of treatment. The application will not need to be re-submitted. This will also apply to applications currently approved by the MMP to date.

Only online application are accepted for reimbursement to be authorised. In the case of negative reimbursement decision, an appeal can be sent directly by the clinician to the MMP at mmp@hse.ie or by post. It is imperative that all additional information supporting the use of lidocaine 5% medicated plaster (Versatis) is submitted in order to assess the unmet clinical need and to ensure an informed reimbursement decision.

### 7.1.15 Reimbursement for Apixaban, Dabigatran and Riveroxaban

The HSE has approved reimbursement for Apixaban, Dabigatran and Rivaroxoban in circumstances where one of the products is used as a second line therapy when warfarin may not be appropriate.

These three Oral Anticoagulant Drugs (NOACs) continue to present significant clinical, financial and operational challenges to the healthcare system.

Warfarin remains the recommend first line agent reimbursed (including for newly diagnosed patients). Apixaban, Dabigatran and Rivaroxaban should be reserved for:

1. Existing patients on Warfarin with poor INR control despite adhering to monitoring and lifestyle requirements and documented attempts to optimise Warfarin therapy.
2. Existing patients who require regular periodic treatment with medicines that are known to interact with Warfarin.
3. Patients with a documented allergy to Warfarin.

## 7.2 Community Registered Nurse Prescriber (RNP)

### 7.2.1 Introduction

In circular SO222-NCO-09, stated that the policy decision is that certain HSE community RNPs will be issued with a pad of Primary Care Prescription Forms with their own allocated GMS number. It encompasses the General Medical Services (GMS), Drugs Payment (DPS), Long Term Illness (LTI) and Health Amendment Act (HAA) prescribing schemes. The RNPs GMS number will be allocated once the PCRS has been notified that the RNP is authorised by the HSE employer to commence prescribing.

Practice Nurses who are RNPs may be enabled to prescribe under the GMS system. Practice Nurses employed by a GP will not be issued with a separate prescription pad but should be facilitated to use the GMS Prescription Pad that their employer holds within the GP practice setting.

RNPs employed in the following settings will not be issued with Primary Care Prescription pads

1. Acute/Specialist hospitals
2. Mental Health Services
3. Private hospitals
4. Private Nursing Homes
5. General Practice (see paragraph above regarding practice setting)

### 7.2.2 Community RNPs employed in Voluntary and Statutory Services of the HSE

Specific criteria will apply to the decision to issue a Community RNP with a Primary Care Prescription Pad confirming that:

1. RNP's service area is a community setting where the RNP is working in collaboration with GPs and GMS prescriptions are normally used
2. The community RNP is a HSE/statutory voluntary sector employee
3. The nurse/midwife applying to use the system is an RNP with current valid registration with Nursing & Midwifery Board of Ireland (Bord Altranis agus Cnaimhseachais na hEireann)

4. The RNP's collaborating medical practitioners are currently using the GMS system
5. The Director of Nursing/Midwifery/Public Health or relevant nurse manager has approved the RNP's approved the RNP's application to use the GMS prescribing system
6. The SHE Area Manager/Community Healthcare Organisation (CHO) have supplied notification and authorisation to PCRS for the Community RNP to be issued with a GMS number with a Primary Care Prescription Pad

### 7.2.3 Application Process for Primary Care Prescription Pads

A formal application process will be used for each community RNP applying to use the system consisting of a GMS Form of Notification and Authorisation for RNPs. The form requires 4 parts to be completed by different bodies

1. Part 1 – initiated by the RNP
2. Part 2 – approved by the Director of Nursing/Midwifery/Public Health/relevant service manager
3. Part 3 – authorised by the HSE Health Area Manager/CHO Manager
4. Part 4 – PCRS administration

The completed application form should be submitted by the HSE Health Area Manager/CHO Manager to the:
Contract Support Unit,
HSE Primary Care Reimbursement Service,
J5 Plaza, North Park Business Park,
Exit 5, M50,
North Road,
Finglas, Dublin 11,
D11 PXTO.

## 7.3 Standard Oral Nutritional Supplements (ONS)

Please find list of products (List A) (appendix IX) that are recommended as first-line choice when prescribing standard ONS.

The requirement for prior reimbursement approval for non first-line standard ONS (list B) (appendix VII) by prescribers or HSE employee dieticians. A reimbursement application system for non first-like standard ONS went live 1st July 2019.

The HSE has provided a simple patient information leaflet which you may wish to use in your practice. The information will also be available on the MMP website (www.hse.ie/yourmedicines).

There will be no requirement to apply for reimbursement approval of first-line standard ONS products (List A).

If a standard ONS on List A is deemed not clinically appropriate, applications for products can be made through the Special Drug Request section on the Doctor

Application Suite (Claiming > Special Drug Request). Reimbursement approvals may take up to 3 working days before approval or non-approval will be communicated back through GP Application Suite.

Prior reimbursement approval is only required where you wish to maintain or initiate a patient on a product from List B. No other nutritional product is affected. If your patient has a diagnosis of dysphasia and requires semi-solid style ONS, it is necessary to access the application system to get approval in these circumstances.

# 8 Administrative Arrangements

## 8.1 Submission and Reimbursement of Special Type Consultation claims

Manual claims must be submitted by the 7th day of the month, in order to ensure prompt payment. Should the 7th of the month fall on a weekend or public holiday, the deadline for claims submission will be extended until the close of business on the next working day.

Summary of Claims Certificates are available by calling the Doctor Unit on 01 8647100 option 2.

Claims should be forwarded to the Primary Care Reimbursement Service, P.O. Box 2828, Finglas, Dublin 11, D11 PXT0. Please note this is not a free post service.

Valid claims entered online by the last day of the month, will be paid by the 15th day of the following month. In order to discharge its obligations in relation to public accountability, the PCRS reserves the right to audit the original claims from time to time, and to evidence third party verification. Accordingly, you are required to retain the original claims (i.e. the original Special Type Consultation Claim forms) securely for a period of no less than six years from the date of the claim.

## 8.2 Monthly Detailed Payment Listing

Details of claims will be reported on a 'Detailed Payment Listing' available on the GP Suite under 'Panel Management' heading.

## 8.3 Submission and Reimbursement of Opioid Substitution (Methadone) claims

Claims must be submitted by the 10th day of the month, in order to ensure prompt payment. Should the 10th of the month fall on a weekend or public holiday, the deadline for claims submission will be extended until the close of business on the next working day.

Summary of Claims Certificates are available by calling the Facilities Unit on 01 8647100.

Claims should be forwarded to the Primary Care Reimbursement Service, Department of Health and Children, P.O. Box 6422, Finglas, Dublin 11, D11 PXT0. Please note this is not a free post service.

## 8.4 Opioid Substitution (Methadone) Detailed Payment Listing

Details of claims will be reported on a 'Detailed Payment Listing' available on the GP Suite under 'Panel Management' heading.

## 8.5 Withholding Tax from Payments for Professional Services

Under the terms of the Finance Act, the Primary Care Reimbursement Service is obliged to deduct Withholding Tax, (currently 20% of Fees) from all payments for professional services by contractors under all Schemes administered by the Primary Care Reimbursement Service.

Each contractor is required under the relevant legislation to furnish the Primary Care Reimbursement Service with his/her income tax reference number on a form provided. The Primary Care Reimbursement Service will issue a completed form F45-1 each month, showing details of the payment and tax deducted to each contractor who has submitted a Tax Reference Number – such information is also shown on a monthly Summary Listings.

Where no tax reference number has been submitted, the Primary Care Reimbursement Services will be obliged to deduct the tax, by will not be authorised to issue form F45-1. It appears that in such circumstances a contractor would be unable to make a claim to the Inspector of Taxes in respect of Withholding Tax paid.

Any queries you may have in relation to Withholding Tax, should be directed to the Inspector of Taxes for your own region.

## 8.6 E-Tax Clearance

Tax Clearance Status for all suppliers and service providers who receive payments in excess of €10,000 within a twelve-month period must be confirmed as tax complaint prior to release of payment. Contractors must satisfy themselves, they have a valid Tax Clearance Certificate (TCC). Full details on how to apply for E-Tax Clearance are available directly from the Irish Revenue website on www.revenue.ie.

FAQs in relation to E-Tax Clearance can be found at:

http://www.revenue.ie/en/online/etax-clearance-fags.html#section18

The Tax Clearance Status of all relevant recipients will be checked on a monthly basis through online data upload. It is important to note that until Tax Clearance Status has been confirmed payments will be held.

## 8.7 Probity

The Health Service Executive/PCRS is obliged to ensure that accuracy and reasonableness of claims submitted from contractors.

PCRS has a probity function dedicated to:

- Preventing, detecting and deterring of invalid, inappropriate or fraudulent claims
- Identification and management of risk
- Ensuring contractor compliance with the claiming terms of their contract
- Identification and monitoring of contractor claiming patterns.

## 8.8 Business Performance Management (BPM)

The Health Service Executive/PCRS is obliged to verify the accuracy and reasonableness of claims submitted for payment and routinely checks Special Type Consultation and Special Items of Service claim forms. This is done through verifying details contained in the electronic claims submitted against original claim forms.

In completing this exercise, the HSE/PCRS will deem any claim electronically submitted that does not have a corresponding fully completed original STC form submitted for verification as a claim not in accordance with the GMS contracts, and is entitled to recoup any payment made on foot of those claims.

## 8.9 EU General Data Protection Regulation (GDPR)

The EU General Data Protection Regulation (GDPR) came into effect 25th May 2018, replacing the existing data protection framework under the EU Data Protection directive. The HSE PCRS have published a Privacy Statement on the following websites: www.pcrs.ie; www.medicalcard.ie; www.mymedicalcard.ie.

Patient records that are created and maintained by a primary care contractor do not fall within the remit of the HSE PCRS. The primary care contractor is the Data Controller for such records.

However, as a service provider under the 1970 Health Act (as amended), you have agreed to provide healthcare services to eligible patients. In order for the HSE PCRS to facilitate the payment for such services, claim documentation, which should include personal data relating to the person to whom the service was provided, is furnished by the Primary Care Contractor to the HSE PCRS on a monthly basis.

All data outlined on these claim forms are held securely by the HSE PCRS, in line with the obligations under Data Protection legislation. Data provided to the HSE PCRS are not used for any purpose other than is permitted by legislation.

The HSE PCRS is the Data Controller for records created and maintained in respect of persons that have made application for Medical Card eligibility and GP Visit Card eligibility. The HSE PCRS also maintains an electronic record (including personal data) in respect of persons that have eligibility under the Community Drugs schemes and other arrangements and as such, the PCRS fulfils its obligations as the Data Controller for data maintained for the effective administration of these schemes and arrangements.

### 8.10 Contact Information/Queries

When submitting written queries regarding payments made or general queries, please quote your Doctor Number and a brief explanation as to the nature of your query. Queries may be submitted via the below methods.

**In writing:** Doctors Unit
HSE – Primary Care Reimbursement Service
P.O. Box 2828
Finglas
Dublin 11
D11 PX10

**By Phone**: 01 864 7100 option 2

**By Fax:** 01 89414895

**By Email:** PCRS.DoctorsQueries@hse.ie

# 9 Useful telephone numbers

| Address | Telephone | Fax |
|---|---|---|
| Primary Care,<br>HSE Dublin Mid-Leinster,<br>52 Broomhill Road,<br>Tallaght, Dublin 24 | 01-4632852<br>01-4632857 | 01-4632847 |
| Primary Care,<br>HSE Dublin Mid-Leinster,<br>St. Loman's Hospital,<br>Delvin Road,<br>Mullingar, Co Westmeath | 044 9384444 | 044 9384431 |
| Primary Care,<br>HSE Dublin North East,<br>Swords Business Campus,<br>Balheary Road,<br>Swords, Co Dublin | 01-8908705 | 01-8131870 |
| Primary Care,<br>CHO Dublin North City & County<br>3rd Floor, Ballymun Civic Centre, Ballymun, Dublin 9<br>Primary Care,<br>HSE Dublin North East,<br>Railway Street,<br>Navan, Co Meath | 01-8933363<br><br><br><br><br>046 9076437 | 01-8933331<br><br><br><br><br>046 9071052 |
| Primary Care,<br>HSE South East,<br>Lacken,<br>Dublin Road, Kilkenny | 056 7784296 | 056 7784391 |

| Address | Telephone | Fax |
|---|---|---|
| Primary Care Unit,<br>HSE South,<br>Floor 3, Block 15,<br>St. Finbarr's Hospital, Douglas Road, Cork | 021 4923833<br>021 4923800<br>021 4923827 | 021 4923820 |
| Department of Chief Office,<br>HSE North West,<br>CHO Area 1 (Cavan, Donegal, Leitrim, Monaghan & Sligo),<br>An Clochar,<br>Ballyshannon Health Campus,<br>College Street,<br>Ballyshannon, Co Donegal. | 071 9834000<br>071 9852607 | n/a |
| Primary Care,<br>HSE West,<br>Merlin Park, Co Galway | 091 775673<br>091 775920 | 091 775917 |
| Primary Care,<br>HSE Mid West,<br>SW Wing,<br>St. Joseph's Hospital,<br>Mulgrave Street, Limerick | 061 461137<br>061 461140<br>061 464002 | 061 461556 |

## 9.1 Other numbers of assistance

| **Name of Organisation** | **Phone number** |
|---|---|
| National Cancer Screening Service (NCSS) | 061 461390 |
| Central Treatment List (Methadone) | 01-6488640 |
| Mercers (Pension) | 01-6039700 |
| National Immunisation Office | 01-8676102 |
| Irish College of General Practitioners (Heartwatch) | 01-6763705 |
| Irish Medical Organisation (IMO) | 01-6767273 |
| National Contracts Office | 044-9395519 |

# 10 How/Where to order paperwork

## Details as to where a contractor orders paperwork

| Details | How and where to order | Information |
|---|---|---|
| GMS Regular Prescription pads | GP Application Suite | Email: pcrs.supplies@hse.ie<br>Phone: 018647100 |
| GMS Repeat Prescription pads | GP Application Suite | Email: pcrs.supplies@hse.ie<br>Phone: 018647100 |
| GMS Regular Computerised Prescription pads | GP Application Suite | Email: pcrs.supplies@hse.ie<br>Phone: 018647100 |
| GMS Repeat Computerised Prescription pads | GP Application Suite | Email: pcrs.supplies@hse.ie<br>Phone: 018647100 |
| Methadone Claims, Prescription and Summary of claims certificate | Email/phone, PCRS | Email: pcrs.supplies@hse.ie<br>Phone: 018647100 |
| White Stock Order Forms | Phone/letter, local Community Healthcare Organisation | |
| Pink Stock Order Forms | Phone/letter, local Community Healthcare Organisation | |
| FPI Domiciliary Visit Books | Phone/letter, local Community Healthcare Organisation | |
| FPI Surgery Visit Books | Phone/letter, local Community Healthcare Organisation | |
| Special Type Consultation Claim form | Phone/letter, local Community Healthcare Organisation | |
| Special Type Consultation Summary of claims certificate (summary pad) | GP Application Suite | Phone: 018647100 option 2 |
| Hepatitis Claim form | Phone/letter, local Community Healthcare Organisation | |
| ALF/1 forms | Phone/letter, local Community Healthcare Organisation | |
| MLF/2 forms | Phone/letter, local Community Healthcare Organisation | |
| PSN/1 forms | Phone/letter, local Community Healthcare Organisation | |

STATUTORY INSTRUMENTS.

**S.I. No. 290 of 2019**

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# PUBLIC SERVICE PAY AND PENSIONS ACT 2017 (PAYMENTS IN RESPECT OF CERTAIN SERVICES UNDER THE HEALTH ACT 1970) REGULATIONS 2019

S.I. No. 290 of 2019

Public Service Pay and Pensions Act 2017 (Payments In Respect of Certain Services Under the Health Act 1970) Regulations 2019

I, SIMON HARRIS, Minister for Health, in exercise of the powers conferred on me by section 42 of the Public Service Pay and Pensions Act 2017 (No. 34 of 2017), being satisfied that subsection (6) of that section has been complied with; having complied with subsection (9) of that section; having had regard to the matters specified in paragraphs (a) to (e) of subsection (10) of that section, with the consent of the Minister for Public Expenditure and Reform, hereby make the following regulations:

1. These Regulations may be cited as the Public Service Pay and Pensions Act 2017 (Payments In Respect of Certain Services Under the Health Act 1970) Regulations 2019.

2. (1) These Regulations, other than Regulation 5(2) and Schedule 2, shall come into operation on 1 July 2019.

(2) Regulation 5(2) and Schedule 2 shall come into operation on 1 January 2020.

3. In these Regulations -

"Act of 1970" means the Health Act 1970 (No. 1 of 1970);

"Agreement of 2019" means the agreement dated 23 May 2019 between the Minister for Health, the Health Service Executive and the Irish Medical Organisation known as the General Practitioner Contractual Reform and Service Development Agreement;

"Capitation Agreement" means an agreement between the Health Service Executive and a service provider made in accordance with the conditions specified by the Minister for Health in 1989 regarding the provision of services to eligible persons under section 58 of the Act of 1970 by service providers, as amended from time to time;

"General Medical Services Scheme" has the meaning assigned to it by section 1 of the Health (Provision of General Practitioner Services) Act 2012 (No. 4 of 2012);

*Notice of the making of this Statutory Instrument was published in "Iris Oifigiúil" of* 2nd *July,* 2019.

"Regulations of 2016" means the Health Professional (Variation ofPayments to General Practitioners) Regulations 2016 (S.I. No. 233 of 2016);

"service" means a service specified in Schedules 1 and 2 rendered by a service provider under and in accordance with the Agreement of 2019;

"service provider" means a service provider who renders a service to or on behalf of the Health Service Executive under and in accordance with the Agreement of 2019.

4. These Regulations shall apply to payments in respect of a service rendered by a service provider to or on behalf of the Health Service Executive under and in accordance with the Agreement of 2019.

5. (1) The amount of the payments specified in column 3 of Schedule 1 opposite the mention of the services specified in column 2 of that Schedule shall be payable to a service provider from 1 July 2019 in respect of the services specified in that Schedule.

(2) The amount of the payments specified in column 3 of Schedule 2 opposite the mention of the services specified in column 2 of that Schedule shall be payable to a service provider from 1 January 2020 in respect of the services specified in that Schedule.

6. The amount of the payments to be made to a service provider in respect of a service specified in Schedule 1 rendered by the service provider is in addition to and not in substitution for payment made under Schedule 1 of the Regulations of 2016 to a service provider for the rendering of that service.

SCHEDULE 1

| Services rendered by the service provider under the Agreement of 2019 - Capitation Agreement - General Medical Services Scheme | | |
|---|---|---|
| Reference Number<br>(1) | Description<br>(2) | Amount<br>(3) |
| 1. | Male patient aged 6 years or more and less than 16 years | €8.67 |
| 2. | Male patient aged 16 years or more and less than 45 years | €11.07 |
| 3. | Male patient aged 45 years or more and less than 65 years | €22.11 |
| 4. | Male patient aged 65 years or more and less than 70 years | €23.29 |
| 5. | Patient aged 70 years or more residing in the community | €54.40 |
| 6. | Patient aged 70 years or more residing in a private nursing home (approved by the Health Service Executive) for continuous periods in excess of 5 weeks | €86.95 |
| 7. | Female patient aged 6 years or more and less than 16 years | €8.77 |
| 8. | Female patient aged 16 years or more and less than 45 years | €18.10 |
| 9. | Female patient aged 45 years or more and less than 65 years | €24.29 |
| 10. | Female patient aged 65 years or more and less than 70 years | €25.98 |

SCHEDULE 2

| Services rendered by the service provider under the Agreement of 2019 - General Medical Services Scheme - Capitation Agreement - payments to a service provider in respect of special items of service | | |
|---|---|---|
| Reference Number<br>(1) | Description<br>(2) | Amount<br>(3) |
| 1. | Service provider participation in a Health Service Executive Virtual Heart Failure Clinic facilitated by Consultant Cardiologist | €100 |
| 2. | Provision of therapeutic phlebotomy for patients with haemochromatosis | €100 |

The Minister for Public Expenditure and Reform consents to the foregoing Regulations.

L.S.

GIVEN under the Official Seal of the Minister
for Public Expenditure and Reform,
26 June 2019.

PASCHAL DONOHOE
Minister for Public Expenditure and Reform.

L.S.

GIVEN under my Official Seal,
26 June 2019.

SIMON HARRIS
Minister for Health

EXPLANATORY NOTE

*(This note is not part of the Instrument and does not purport to be a legal interpretation)*

These Regulations shall apply to payments in respect of services rendered by a general practitioner to or on behalf of the Health Service Executive under and in accordance with the General Practitioner Contractual Reform and Service Development Agreement of 2019.

BAILE ÁTHA CLIATH
ARNA FHOILSIÚ AG OIFIG AN tSOLÁTHAIR
Le ceannach díreach ó
FOILSEACHÁIN RIALTAIS,
52 FAICHE STIABHNA, BAILE ÁTHA CLIATH 2
(Teil: 01 - 6476834 nó 1890 213434)

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STATUTORY INSTRUMENTS.

**S.I. No. 692 of 2019**

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# PUBLIC SERVICE PAY AND PENSIONS ACT 2017 (SECTION 42) (PAYMENTS TO GENERAL PRACTITIONERS) REGULATIONS 2019

S.I. No. 692 of 2019

PUBLIC SERVICE PAY AND PENSIONS ACT 2017 (SECTION 42) (PAYMENTS TO GENERAL PRACTITIONERS) REGULATIONS 2019

I, SIMON HARRIS, Minister for Health, in exercise of the powers conferred on me by section 42 of the Public Service Pay and Pensions Act 2017 (No. 34 of 2017), being satisfied that subsection (6) of that section has been complied with; having complied with subsection (9) of that section; having had regard to the matters specified in paragraphs (a) to (e) of subsection (10) of that section, with the consent of the Minister for Public Expenditure and Reform, hereby make the following regulations:

1. These Regulations may be cited as the Public Service Pay and Pensions Act 2017 (Section 42) (Payments to General Practitioners) Regulations 2019.

2. These Regulations shall come into operation on 1 January 2020.

3. In these Regulations -

"6 in 1 vaccine" means a vaccine against Diphtheria, Tetanus, Pertussis, Haemophilus influenzae type b, Poliomyelitis and Hepatitis B;

"4 in I vaccine" means a booster vaccine against Diphtheria, Tetanus, Pertussis and Poliomyelitis;

"Act of 1970" means the Health Act 1970 (No. 1 of 1970);

"Agreement of 2019" means the agreement dated 23 May 2019 between the Minister, the Health Service Executive and the Irish Medical Organisation known as the General Practitioner Contractual Reform and Service Development Agreement;

"Capitation Agreement" means an agreement between the Health Service Executive and a general practitioner made in accordance with the conditions specified by the Minister in 1989 regarding the provision of services to eligible persons under section 58 of the Act of 1970 by general practitioners, as amended from time to time;

"combined Hib/Men C vaccine" means a vaccine against Haemophilus in:fluenzae type b and Meningococcal group C bacteria;

"day consultation" means a consultation during normal hours of a general practitioner's surgery as agreed between the Health Service Executive and that general practitioner;

"Fee Per Item Agreement" means an agreement between the Health Service Executive and a general practitioner made in accordance with the conditions specified by the Minister in 1972 regarding the provision

*Notice of the making of this Statutory Instrument was published in "Iris Oifigiuil" of7th January,* 2019.

of services to eligible persons under section 58 of the Act of 1970 by general practitioners, as amended from time to time;

"General Medical Services Scheme" has the meaning assigned to it by section 1 of the Health (Provision of General Practitioner Services) Act 2012 (No. 4 of 2012);

"GMS panel" means the total number of patients of a general practitioner to whom the general practitioner provides services under the General Medical Services Scheme;

"influenza vaccine" means a vaccine against seasonal influenza;

"late consultation" means a consultation other than a day consultation or a night consultation;

"Men B vaccine" means a vaccine against Meningococcal group B bacteria;

"Men C vaccine" means a vaccine against Meningococcal group C bacteria;

"Minister" means the Minister for Health;

"MMR vaccine" means a vaccine against Measles, Mumps and Rubella;

"night consultation" means a consultation during the period between midnight and 8 a.m. the following day;

"PCV" means the Pneumococcal Conjugate Vaccine;

"PPV" means the Pneumococcal Polysaccharide Vaccine;

"practice unit" means -

*(a)* a practice comprised of a single general practitioner or a partnership of more than one general practitioner, or

*(b)* a group practice of more than one general practitioner providing general practitioner services from the same centre of practice;

"qualifying area" means an area which has a population of less than or equal to 2,000 within a 4.8 kilometre radius of the principal practice address of a practice unit;

"registered child", in relation to a service provider, means a child to whom that service provider has been assigned for the purposes of the administration of vaccines under the Primary Childhood hnmunisation Programme;

"Regulations of 2016" means the Health Professionals (Variation of Payments to General Practitioners) Regulations 2016 (SJ. No. 233 of 2016);

"Rotavirus vaccine" means a vaccine against Rotavirus disease;

"service" means a service specified in Schedules 1 to 34 rendered by a service provider under and in accordance with the terms of the General Medical Services Scheme, the Health (Amendment) Act 1996 (No. 15 of 1996), the Mental Health Act 2001 (No. 25 of 2001), the National Cervical Screening Programme, the Primary Childhood Immunisation Programme and the National Immunisation Programmes;

"service provider" means a general practitioner who renders a service to or on behalf of the Health Service Executive under and in accordance with the terms of the General Medical Services Scheme, the Health (Amendment) Act 1996, the Mental Health Act 2001, the National Cervical Screening Programme, the Primary Childhood Immunisation Programme and the National Immunisation Programmes;

"set of vaccines", in relation to a particular age or particular ages referred to under the Primary Childhood Immunisation Programme, means the specific vaccine or vaccines which are scheduled to be administered to a child at that age or those ages, as the case may be;

"under 6 contract" means an agreement between the Health Service Executive and a general practitioner made in accordance with the conditions specified by the Minister in section 58C of the Act of 1970 regarding the provision of services to eligible persons under section 58B of that Act by the general practitioner.

4. These Regulations shall apply to payments in respect of services rendered by a service provider to or on behalf of the Health Service Executive under and in accordance with the terms of the General Medical Services Scheme, the Health (Amendment) Act 1996, the Mental Health Act 2001, the National Cervical Screening Programme, the Primary Childhood Immunisation Programme and the National Immunisation Programmes.

5. Subject to Regulation 6, the amount of the payments specified in column (3) of each Schedule opposite a particular reference number in column (1) thereof is prescribed as the payment to be made to a service provider in respect of the particular service specified in column (2) thereof.

6. In determining the size of a general practitioner's GMS panel for the purposes of calculating the amount of an allowance referred to in Schedule 10 or 21 that is payable (if any) to the general practitioner in respect of practice support, every patient on that general practitioner's GMS panel who is 70 years or over shall count as 2 patients.

7. The Public Service Pay and Pensions Act 2017 (Payments In Respect of Certain Services Under the Health Act 1970) Regulations 2019 (SJ. No. 290 of 2019) are revoked.

SCHEDULE 1

| Services rendered under the General Medical Services Scheme - Agreement of 2019- general practitioner capitation rates (all amounts inclusive of former payments towards practice maintenance, equipment and development and fonner payments in respect of discretionary medical cards) | | |
|---|---|---|
| **Reference Number (1)** | **Description (2)** | **Amount (Total) (3)** |
| 1. | Male patient aged under 5 years - where GP does not hold an under 6 contract | €74.59 |
| 2. | Male patient aged 5 years - where GP does not hold an under 6 contract | €43.29 |
| 3. | Male patient aged 6 years or more and less than 16 years | €53.38 |
| 4. | Male patient aged 16 years or more and less than 45 years | €68.15 |
| 5. | Male patient aged 45 years or more and less than 65 years | €136.12 |
| 6. | Male patient aged 65 years or more and less than 70 years | €143.39 |
| 7. | Patient aged 70 years or more residing in the community | €334.95 |
| 8. | Patient aged 70 years or more residing in a private nursing home (approved by the HSE) for continuous periods in excess of 5 weeks | €535.38 |
| 9. | Female patient aged under 5 years-where GP does not hold an under 6 contract | €72.76 |
| 10. | Female patient aged 5 years - where GP does not hold an under 6 contract | €43.79 |
| 11. | Female patient aged 6 years or more and less than 16 years | €54.00 |
| 12. | Female patient aged 16 years or more and less than 45 years | €111.44 |
| 13. | Female patient aged 45 years or more and less than 65 years | €149.57 |
| 14. | Female patient aged 65 years or more and less than 70 years | €159.97 |
| 15. | Supplementary out of hours fee | €3.64 |

SCHEDULE2

| Services rendered under the General Medical Services Scheme - Agreement of 2019 - payments in respect of delivery of Chronic Disease Management Programme | | |
|---|---|---|
| **Reference Number (1)** | **Description (2 )** | **Amount** (3) |
| 1. | Annual fee payable in respect of eligible patient (aged 75 years and over) with one of the chronic conditions listed in the Agreement of 2019 | €210.00 |
| 2. | Annual fee payable in respect of eligible patient (aged 75 years and over) with two of the chronic conditions listed in the Af!fee ment of 2019 | €250.00 |
| 3. | Annual fee payable in respect of eligible patient (aged 75 years and over) with three or more of the chronic conditions listed in the Agreement of 2019 | €300.00 |

SCHEDULE3

| Services rendered under the General Medical Services Scheme - Agreement of 2019 - payments in respect of delivery of Diabetes Cycle of Care Programme | | |
|---|---|---|
| **Reference Number (1)** | **Description (2)** | **Amount** (3) |
| 1. | Once-off registration fee per patient with Type 2 Diabetes aged 18 years or more and less than 75 years registered on the Diabetes Cycle of Care Programme | €30.00 |
| 2. | Annual capitation fee per patient with Type 2 Diabetes aged 18 years or more and less than 75 years registered on the Diabetes Cycle of Care Programme | €100.00 |

SCHEDULE4

| Services rendered W1der the General Medical Services Scheme - Agreement of 2019 - out- of -hours payments (in respect of consultations other than day consultations or consultations occurring as part of an overflow in respect of normal surgery hours) (all amoW1ts inclusive of the former additional allowance for the provisionofr ostering and out of hours arran ements) | | |
|---|---|---|
| **Reference Number (1)** | **Description (2)** | **Amount (3)** |
| 1. | Surgery consultation Monday to Friday (excluding public holidays) between the hours of 5 p.m. and 6 p.m. on the same day and 8 a.m. and 9 a.m. on the same day | €13.88 |
| 2. | Surgery consultation Monday to Friday between the hours of 6 p.m. and 8 a.m. the following day and any time on Saturday, Sunday and public holidays | €41.63 |
| 3. | Domiciliary visit out-of-hours | €41.63 |
| 4. | Surgery consultation or domiciliary visit out-of-hours where a general practitioner sees an additional patient under the General Medical Services Scheme during the same consultation or visit | €13.88 |

SCHEDULE5

| Services rendered under the General Medical Services Scheme - Agreement of 2019 - payments in respect of temporary residents, EEA visitors and emergency consultations where a general practitioner sees another general practitioner's patient under the General Medical Services Scheme in an emergency | | |
|---|---|---|
| **Reference Number (1)** | **Description (2)** | **Amount (3)** |
| 1. | Surgery consultation | €40.94 |
| 2. | Domiciliary visit | €40.94 |

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SCHEDULE6

| Services rendered under the General Medical Services Scheme - Agreement of 2019 - payments in respect of special items of service | | |
|---|---|---|
| **Reference Number (1)** | **Description (2)** | **Amount (3)** |
| 1. | Excisions/cryotherapy/diathermy of skin lesions | €24.80 |
| 2. | Suturing of cuts and lacerations - including application of tissue glue (does not include paper sutures) | €50.00 |
| 3. | Draining ofhydroceles | €24.80 |
| 4. | Treatment and plugging of dental and nasal haemorrhages | €24.80 |
| 5. | Cardiovascular investigations, solely for cases of individual patient care and not general screening or routine screening of individuals or both:<br>(a) Electrocardiography (ECG) tests and interpretation;<br>(b) 24 Hour Ambulatory Blood Pressure Monitoring for diagnosis and treatment of hypertension | <br><br><br>€24.80<br><br>€60.00 |
| 6. | Removal of adherent foreign bodies from the conjunctiva! surface of the eye | €24.80 |
| 7. | Removal of lodged or impacted foreign bodies from the ear, nose and throat | €24.80 |
| 8. | Nebuliser treatment in the case of acute asthmatic attack | €37.21 |
| 9. | Bladder catheterization - composite fee for insertion and removal | €60.00 |
| 10. | Long Acting Reversible Contraceptive Device (LARC) for counselling, insertion and monitoring | €70.00 |
| 11. | Removal of a Long Acting Reversible Contraceptive Device (LARC) | €50.00 |
| 12. | Attendance by general practitioner at HSE-convened case conference | €62.02 |
| 13. | GP participation in a Health Service Executive approved Virtual Heart Failure Clinic facilitated by a Consultant Cardiologist - fee per eligible patient with heart failure reviewed at virtual clinic | €100 |
| 14. | Provision of therapeutic phlebotomy for eligible patients with haemochromatosis | €100 |

SCHEDULE?

| Services rendered under the General Medical Services Scheme - Agreement of 2019 - allowance in respect of a general practitioner or general practice unit | | |
|---|---|---|
| **Reference Number (1)** | **Description (2)** | **Amount** (3) |
| 1. | Rural practice allowance per annum per general practitioner:<br>(a) where-<br>(i) a general practitioner was in receipt of the rural practice allowance under Schedule 5 of the Regulations of 2016 immediately before the coming into operation of these Regulations, and<br>(ii) that general practitioner is not eligible for the rural practice support framework allowance referred to at reference number 2 of this Schedule; or<br>(b) where-<br>(i) a general practitioner was in receipt of the rural practice allowance under Schedule 5 of the Regulations of 2016 immediately before the coming into operation of these Regulations,<br>(ii) that general practitioner is eligible for the rural practice support framework allowance referred to at reference number 2 of this Schedule, and<br>(iii) after the coming into operation of these Regulations, that general practitioner-<br>(I) ceases to be eligible for the rural practice support framework allowance referred to at reference number 2 of this Schedule, and<br>(IT) continues to provide general practitioner services in the same qualifying area for which he or she received that allowance. | €16,216.07 |
| 2. | Rural practice support framework allowance per annum per practice unit:<br>(a) where-<br>(i) after the coming into operation of these Regulations, the practice unit is eligible for, and elects to receive, the rural practice support framework allowance under these Regulations, and<br>(ii) there is no other practice unit in the same qualifying area on the coming into operation of these Regulations; or<br>(b) where-<br>(i) immediately before the coming into operation of these Regulations, a general oractitionerin a practice unit was in receipt of | €22,000 |

| | | |
|---|---|---|
| | the allowance under Schedule 5 of the Regulations of 2016,<br>(ii) on the coming into operation of these Regulations, that practice unit is eligible for, and elects to receive, the rural practice support framework allowance under this Schedule, and<br>(iii) there is one other practice unit in the same qualifyinl! area. | |
| 3. | Modified rural practice support framework allowance per annum, per practice unit:<br>(a) where-<br>(i) 2 practice units were, on the coming into operation of these Regulations, providing general practitioner services in the same qualifying area, and<br>(ii) both of those practice units were not in receipt of the rural practice allowance under Schedule 5 of the Regulations of 2016 immediately before the coming into operation of these Regulations, or<br>(b) where-<br>(i) 2 practice units were, on the coming into operation of these Regulations, providing general practitioner services in the same qualifying area, and<br>(ii) one of such 2 practice units was not in receipt of the rural practice allowance under Schedule 5 of the Regulations of 2016 immediately before the coming into operation of these Regulations, the modified rural practice support framework allowance is payable to the practice unit which was not in receipt of that rural practice allowance. | €11,000 |

SCHEDULES

| Services rendered under the General Medical Services Scheme - Agreement of 2019 - fees payable to a general practitioner (GP) for dispensing in accordance with Circular titled "Certain Matters Relating to the Provision of Services Under Section 58 of the Health Act 1970" dated 24 September 1999 | | |
|---|---|---|
| **Reference Number** **(1)** | **Description** **(2)** | **Amount** (3) |
| 1. | Opt-in GP (dispensing doctor) | €42.39 |
| 2. | Pilot GP (dispensing doctor) | €48.90 |
| 3. | Continuous GP (dispensing doctor) | €12.48 |

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SCHEDULE9

| Services rendered under the General Medical Services Scheme - Agreement of 2019 - payment to a general practitioner for a second medical opinion | | |
|---|---|---|
| **Reference Number (1)** | **Description (2)** | **Amount** (3) |
| 1. | Fee for second medical opinion | €26.46 |

SCHEDULElO

| Services rendered under the General Medical Services Scheme - Agreement of 2019 - maximum allowances in respect of practice support payable on the basis of a general practitioner's GMS panel size as determined in accordance with Regulation 6 (all amounts inclusive of the former supplementary grant to general practitioners who employed secretaries or nurses or both) | | |
|---|---|---|
| **Reference Number (1)** | **Description {2)** | **Amount** {3) |
| 1. | Nursing subsidy (per year) - 1 year's experience | €30,945.86 |
| 2. | Nursing subsidy (per year)-2 years' experience | €32,665.07 |
| 3. | Nursing subsidy (per year)- 3 years' experience | €34,384.29 |
| 4. | Nursing subsidy (per year) - 4 or more years' experience | €37,822.72 |
| 5. | Secretarial subsidy (per year)- **1** year's experience | €20,630.57 |
| 6. | Secretarial subsidy (per year)- 2 years' experience | €22,349.80 |
| 7. | Secretarial subsidy (per year)- 3 or more years' experience | €24,068.99 |
| 8. | Practice manager subsidy (per year) - based on first point of nursing subsidy | €30,945.86 |

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SCHEDULE 11

| Services rendered under the General Medical Services Scheme - Agreement of 2019-maximum allowances payable in respect oflocum expenses | | |
|---|---|---|
| **Reference Number** (1) | **Description** **(2)** | **Amount** (3) |
| I. | Annual leave (per day) | €197.24 |
| 2. | Annual leave (per week) | €1,380.65 |
| 3. | Sick leave (per day) during the first week | €197.24 |
| 4. | Sick leave (per week) for the first week | €986.18 |
| 5. | Sick leave (per day) from week 2 to week 26 | €197.24 |
| 6. | Sick leave (per week) from week 2 to week 26 | €1,380.65 |
| 7. | Sick leave (per day) from week 27 to week 52 | €98.62 |
| 8. | Sick leave (per week) from week 27 to week 52 | €690.33 |
| 9. | Study leave (per day) | €197.24 |
| 10. | Study leave (per week) | €1,380.65 |
| 11. | Maternity leave (per day) | €394.48 |
| 12. | Maternity leave (per week) | €2,761.30 |
| 13. | Paternity leave (per day) | €394.48 |
| 14. | Paternity leave (per week) | €2,761.30 |
| 15. | Adoptive leave (per day) | €394.48 |
| 16. | Adoptive leave (per week) | €2,761.30 |
| 17. | Annual leave - former District Medical Officer:<br>(a) maximum rate - payable for each of the first 3 days annual leave ma year<br>(b) medium rate - payable for each of the next 25 days annual leave day in that year<br>(c) minimum rate - payable for each other annual leave day in that year | €66.47<br>€56.86<br>€48.92 |
| 18. | Statutory leave - meetings of statutory bodies (per day) | €197.24 |
| 19. | Attendance at Irish Medical Organisation GP meetings <oer day) | €197.24 |

SCHEDULE12

| Services rendered under the General Medical Services Scheme - Agreement of 2019-payment to a general practitioner in respect of the registration of asylum seekers | | |
|---|---|---|
| **Reference Number (1)** | **Description (2)** | **Amount** (3) |
| 1. | Asylum seeker/non-EU registration fee (a once-off superannuable registration fee) | €173.69 |

SCHEDULE13

| Services rendered under General Medical Services Scheme - Capitation Agreement - capitation rates (all amounts inclusive of former payments towards practice maintenance, equipment and development and former payments in respect of discretionary medical cards) | | |
|---|---|---|
| **Reference Number (1)** | **Description (2)** | **Amount (Total)** (3) |
| 1. | Male patient aged under 5 years (where GP does not hold an under 6 contract) | €74.59 |
| 2. | Male patient aged 5 years or more and less than 16 years (where GP does not hold an under 6 contract) | €43.29 |
| 3. | Male patient aged 6 years or more and less than 16 years | €43.29 |
| 4. | Male patient aged 16 years or more and less than 45 years | €55.26 |
| 5. | Male patient aged 45 years or more and less than 65 years | €110.38 |
| 6. | Male patient aged 65 years or more and less than 70 years | €116.28 |
| 7. | Patient aged 70 years or more residing in the community | €271.62 |
| 8. | Patient aged 70 years or more residing in a private nursing home (approved by the HSE) for continuous periods in excess of 5 weeks | €434.15 |
| 9. | Female patient aged under 5 years (where **GP** does not hold an under 6 contract) | €72.76 |
| 10. | Female patient aged 5 years or more and less than 16 years (where GP does not hold an under 6 contract) | €43.79 |
| 11. | Female patient aged 6 years or more and less than 16 years | €43.79 |
| 12. | Female patient aged 16 years or more and less than 45 years | €90.37 |
| 13. | Female patient aged 45 years or more and less than 65 years | €121.29 |
| 14. | Female patient aged 65 years or more and less than 70 years | €129.72 |
| 15. | Supplementary out of hours fee | €3.64 |

SCHEDULE14

| Services rendered under the General Medical Services Scheme - Capitation Agreement- Delivery of services under the Diabetes Cycle of Care Programme to registered patients aged 18 years and older with a diagnosis of Type 2 Diabetes | | |
|---|---|---|
| **Reference Number (1)** | **Description (2)** | **Amount (3)** |
| 1. | Once-off registration fee per patient with Type 2 Diabetes registered on the programme | €30.00 |
| 2. | Annual capitation fee per patient with Type 2 Diabetes registered on the programme | €100.00 |

SCHEDULE15

| Services rendered under the General Medical Services Scheme - Capitation Agreement - out of hours payments (in respect of consultations other than day consultations or consultations occurring as part of an overflow in respect of normal surgery hours) (all amounts inclusive of the former additional allowance for the provision of rostering and out of hours arran ements ) | | |
|---|---|---|
| **Reference Number** (1) | **Description** (2) | **Amount** (3) |
| 1. | Surgery consultation Monday to Friday (excluding public holidays) between the hours of 5 p.m. and 6 p.m. on the same day and 8 a.m. and 9 a.m. on the same day | **€13.88** |
| 2. | Surgery consultation Monday to Friday between the hours of 6 p.m. and 8 a.m. the following day and any time on Saturday, Sunday and public holidavs | €41.63 |
| 3. | Domiciliary visit out-of-hours | €41.63 |
| 4. | Surgery consultation or domiciliary visit out-of-hours where a general practitioner sees an additional patient under the General Medical Services Scheme during the same consultation or visit | **€13.88** |

SCHEDULE16

| Services rendered llilder the General Medical Services Scheme - Capitation Agreement - payments to a general practitioner in respect of temporary residents, EEA visitors and emergency consultations where a general practitioner sees another general practitioner's patient under the General Medical Services Scheme in an emergency | | |
|---|---|---|
| **Reference Number (1)** | **Description (2)** | **Amount** (3) |
| 1. | Surgery consultation | €40.94 |
| 2. | Domiciliary visit | €40.94 |

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SCHEDULE 17

| Services rendered under the General Medical Services Scheme - Capitation Agreement - payments in respect of special items of service | | |
|---|---|---|
| **Reference Number (1)** | **Description (2)** | **Amount** (3) |
| 1. | Excisions/cryotherapy/diathenny of skin lesions | €24.80 |
| 2. | Suturing of cuts and lacerations - including application of tissue glue (does not include paper sutures) | €50.00 |
| 3. | Draining of hydroceles | €24.80 |
| 4. | Treatment and plugging of dental and nasal haemorrhages | €24.80 |
| 5. | Cardiovascular investigations, solely for cases of individual patient care and not general screening or routine screening of individuals or both:<br>(a) Electrocardiography (ECG) tests and interpretation;<br>(b) 24 Hour Ambulatory Blood Pressure Monitoring for diagnosis and treatment of hypertension | €24.80<br>€60.00 |
| 6. | Removal of adherent foreign bodies from the conjunctiva! surface of the eye | €24.80 |
| 7. | Removal of lodged or impacted foreign bodies from the ear, nose and throat | €24.80 |
| 8. | Nebuliser treatment in the case of acute asthmatic attack | €37.21 |
| 9. | Bladder catheterization - composite fee for insertion and removal | €60.00 |
| 10. | Long Acting Reversible Contraceptive Device (LARC) for counselling, insertion and monitoring | €70.00 |
| 11. | Removal of a Long Acting Reversible Contraceptive Device (LARC) | €50.00 |
| 12. | Attendance by general practitioner at HSE-convened case conference | €62.02 |

SCHEDULE 18

| Services rendered under the General Medical Services Scheme - Capitation Agreement - allowance in respect of a general practitioner or general practice unit | | |
|---|---|---|
| **Reference Number (1)** | **Description (2)** | **Amount (3)** |
| 1. | Rural practice allowance per annum per general practitioner:<br>(a) where-<br>(i) a general practitioner was in receipt of the rural practice allowance under Schedule 5 of the Regulations of 2016 immediately before the coming into operation of these Regulations, and<br>(ii) that general practitioner is not eligible for the rural practice support framework allowance referred to at reference number 2 of this Schedule; or<br>(b) where-<br>(i) a general practitioner was in receipt of the rural practice allowance under Schedule 5 of the Regulations of 2016 immediately before the coming into operation of these Regulations,<br>(ii) that general practitioner is eligible for the rural practice support framework allowance referred to at reference number 2 of this Schedule, and<br>(iii) after the coming into operation of these Regulations, that general practitioner -<br>(I) ceases to be eligible for the rural practice support framework allowance referred to at reference number 2 of this Schedule, and<br>(II) continues to provide general practitioner services in the same qualifying area for which he or she received that allowance. | €16,216.07 |
| 2. | Rural practice support framework allowance per annum per practice unit:<br>(a) where-<br>(i) after the coming into operation of these Regulations, the practice unit is eligible for, and elects to receive, the rural practice support framework allowance under these Re!!Ulations,and | €20,000 |

| | | |
|---|---|---|
| | (ii) there is no other practice unit in the same qualifying area on the coming into operation of these Regulations; or<br>(b) where-<br>(i) immediately before the coming into operation of these Regulations, a general practitioner in a practice unit was in receipt of the allowance under Schedule 5 of the Regulations of 2016,<br>(ii) on the coming into operation of these Regulations, that practice unit is eligible for, and elects to receive, the rural practice support framework allowance under this Schedule, and<br>(iii) there is one other practice unit in the same qualifying area. | |
| 3. | Modified rural practice support framework allowance per annum, per practice unit:<br>(a) where-<br>(i) 2 practice units were, on the coming into operation of these Regulations, providing general practitioner services in the same qualifying area, and<br>(ii) both of those practice units were not in receipt of the rural practice allowance under Schedule 5 of the Regulations of 2016 immediately before the coming into operation of these Regulations, or<br>(b) where-<br>(i) 2 practice units were, on the coming into operation of these Regulations, providing general practitioner services in the same qualifying area, and<br>(ii) one of such 2 practice units was not in receipt of the rural practice allowance under Schedule 5 of the Regulations of 2016 immediately before the coming into operation of these Regulations, the modified rural practice support framework allowance is payable to the practice unit which was not in receipt of that rural practice allowance. | €10,000 |

SCHEDULE19

| Services rendered under the General Medical Services Scheme - Capitation Agreement - fees payable to a general practitioner (GP) for dispensing in accordance with Circular titled "Certain Matters Relating to the Provision of Services Under Section 58 of the Health Act 1970" dated 24 September 1999 | | |
|---|---|---|
| **Reference Number** (1) | **Description** **(2)** | **Amount** (3) |
| 1. | Opt-in GP (dispensing doctor) | €38.03 |
| 2. | Pilot GP (dispensing doctor) | €43.88 |
| 3. | Continuous GP (dispensing doctor) | €12.48 |

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SCHEDULE20

| Services rendered under the General Medical Services Scheme - Capitation Agreement - payment to a general practitioner for a second medical opinion | | |
|---|---|---|
| **Reference Number (1)** | **Description (2)** | **Amount (3)** |
| 1. | Fee for second medical opinion | €26.46 |

SCHEDULE21

| Services rendered under the General Medical Services Scheme - Capitation Agreement - maximum allowances in respect of practice support payable on the basis of a general practitioner's GMS panel size as determined in accordance with Regulation 6 (all amounts inclusive of the former supplementary grant to general practitioners who employed secretaries or nurses or both) | | |
|---|---|---|
| **Reference Number (1)** | **Description (2)** | **Amount (3)** |
| 1. | Nursing subsidy (per year)- 1 year's experience | €30,945.86 |
| 2. | Nursing subsidy (per year)-2 years' experience | €32,665.07 |
| 3. | Nursing subsidy (per year)- 3 years' experience | €34,384.29 |
| 4. | Nursing subsidy (per year)-4 or more years' experience | €37,822.72 |
| 5. | Secretarial subsidy (per year)- 1 year's experience | €20,630.57 |
| 6. | Secretarial subsidy (per year)- 2 years' experience | €22,349.80 |
| 7. | Secretarial subsidy (per year)- 3 or more years' experience | €24,068.99 |
| 8. | Practice manager subsidy (per year)- based on first point of nursing subsidy | €30,945.86 |

SCHEDULE22

| Services rendered under the General Medical Services Scheme - Capitation Agreement - maximum allowances payable in respect of locum expenses | | |
|---|---|---|
| **Reference Number** **(1)** | **Description** **(2)** | **Amount** (3) |
| 1. | Annual leave (per day) | €197.24 |
| 2. | Annual leave (per week) | €1,380.65 |
| 3. | Sick leave (per day) during the first week | €197.24 |
| 4. | Sick leave (per week) for the first week | €986.18 |
| 5. | Sick leave (per day) from week 2 to week 26 | €197.24 |
| 6. | Sick leave (per week) from week 2 to week 26 | €1,380.65 |
| 7. | Sick leave (per day) from week 27 to week 52 | €98.62 |
| 8. | Sick leave (per week) from week 27 to week 52 | €690.33 |
| 9. | Study leave (per day) | €197.24 |
| 10. | Study leave (per week) | €1,380.65 |
| 11. | Maternity leave (per day) | €197.24 |
| 12. | Maternity leave (per week) | €1,380.65 |
| 13. | Paternity leave (per day) | €197.24 |
| 14. | Adoptive leave (per day) | €197.24 |
| 15. | Adoptive leave (per week) | €1,380.65 |
| 16. | Annual leave - former District Medical Officer:<br>(a) maximum rate - payable for each of the first 3 days annual leave in a year<br>(b) medium rate - payable for each of the next 25 days annual leave day in that year<br>(c) minimum rate - payable for each other annual leave day in that year | <br><br>€66.47<br><br>€56.86<br><br>€48.92 |
| 17. | Statutory leave - meetings of statutory bodies (per day) | €197.24 |
| 18. | Attendance at Irish Medical Organisation GP meetings (per day) | €197.24 |

SCHEDULE23

| Services rendered under the General Medical Services Scheme – Capitation Agreement – payment in respect of the registration of asylum seekers | | |
|---|---|---|
| **Reference Number**<br>**1** | **Description**<br>**2** | **Amount**<br>(3 |
| 1. | Asylum seeker/non-EU registration fee (a once-off superannuable registration fee) | €173.69 |

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SCHEDULE24

| Services rendered under the General Medical Services Scheme-Fee Per Item Agreement - general practitioner consultation fees | | |
|---|---|---|
| **Reference Number (1)** | **Description (2)** | **Amount** (3) |
| 1. | Surgery - day consultation with patient | €11.87 |
| 2. | Surgery - late consultation with patient | **€16.88** |
| 3. | Surgery - night consultation with patient | €33.38 |
| 4. | Domiciliary visit - day consultation with patient | €17.51 |
| 5. | Domiciliary visit - late consultation with patient | €22.93 |
| 6. | Domiciliary visit - night consultation with patient | €44.96 |

SCHEDULE25

| Services rendered under the General Medical Services Scheme - Fee Per Item Agreement - payment for a consultation by a general practitioner at a home for the aged | | |
|---|---|---|
| **Reference Number** (1) | **Description** **(2)** | **Amount** (3) |
| 1. | Consultation at home for the aged per 3-hour session | €73.18 |

SCHEDULE26

| Services rendered under the General Medical Services Scheme - Fee Per Item Agreement -payments to a general practitioner in respect of temporary residents, EEA visitors and emergency consultations where a general practitioner sees another general practitioner's patient under the General Medical Services Scheme in an emergency | | |
|---|---|---|
| **Reference Number (1 )** | **Description (2)** | **Amount** (3) |
| 1. | Surgery consultation | €40.94 |
| 2. | Domiciliary visit | €40.94 |

SCHEDULE27

| Services rendered under the General Medical Services Scheme - Fee Per Item Agreement - payments in respect of special items of service | | |
|---|---|---|
| **Reference Number (1)** | **Description (2)** | **Amount (3)** |
| 1. | Excisions/cryotherapy/diathermy of skin lesions | €22.43 |
| 2. | Suturing of cuts and lacerations | €22.43 |
| 3. | Draining ofhydroceles | €22.43 |
| 4. | Treatment and plugging of dental and nasal haemorrhages | €22.43 |
| 5. | Recognised vein treatment | €22.43 |
| 6. | Electrocardiography (ECG) tests & their interpretation | €22.43 |
| 7. | Instruction in the fitting of a diaphragm | €22.43 |

SCHEDULE28

| Services rendered under the General Medical Services Scheme - Fee Per Item Agreement - allowance in respect of a general practitioner whose practice is eligible for a rural practice allowance | | |
|---|---|---|
| **Reference Number (1)** | **Description (2)** | **Amount (3)** |
| 1. | Rural practice allowance (per annum) | €7,042.91 |

SCHEDULE29

| Services rendered under the General Medical Services Scheme-Fee Per Item Agreement - allowance in respect of locum and practice expenses | | |
|---|---|---|
| **Reference Number (1)** | **Description (2)** | **Amount** (3) |
| 1. | Allowance in respect of locum and practice expenses (per annum) | €1,371.06 |

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SCHEDULE30

| Services rendered under the Health (Amendment) Act 1996 | | |
|---|---|---|
| **Reference Number (1 )** | **Description (2)** | **Amount** (3) |
| 1. | Surgery consultation | €30.53 |
| 2. | Domiciliary visit | €40.27 |

SCHEDULE31

| Services rendered under the Mental Health Act 2001 | | |
|---|---|---|
| **Reference Number** **(1)** | **Description** **(2)** | **Amount** {3) |
| 1. | Examination of a person and making a recommendation for that person to be involuntarily admitted to an approved centre under section 10 of the Mental Health Act 2001 | €150 |

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SCHEDULE 32

| Services rendered under the National Cervical Screening Programme | | |
|---|---|---|
| **Reference Number (1)** | **Description (2)** | **Amount (3)** |
| 1. | Payment in respect of the provision of a smear service under the National Cervical Screening Programme | €49.10 |

SCHEDULE33

| **Part A**<br>Services rendered in respect of the administration of vaccines to a registered child under the Primary Childhood Immunisation Programme | | |
|---|---|---|
| **Reference Number (1)** | **Service**<br>(2) | **Amount**<br>(3) |
| 1. | Once-off amount payable to a general practitioner in respect of a registered child. | €37.78 |
| 2. | Amount payable to a general practitioner for administering to a registered child all of the following vaccines:<br>(a) 6 in 1 vaccine, Rotavirus vaccine and Men B vaccine scheduled to be administered at 2 months of age;<br>(b) 6 in 1 vaccine, Rotavirus vaccine and Men B vaccine scheduled to be administered at 4 months of age;<br>(c) 6 in 1 vaccine and Men C vaccine scheduled to be administered at 6 months of age;<br>(d) MMR vaccine and Men B vaccine scheduled to be administered at 12 months of age. | €206.31 |
| 3. | Once-off bonus amount payable to a general practitioner in respect of a registered child who has reached his or her second birthday in a particular year where the general practitioner concerned has administered all of the following vaccines under the Primary Childhood Immunisation Programme to that registered child and to at least 95 per cent of the registered children of that general practitioner who have reached their second birthday in that year:<br>(a) 6 in 1 vaccine, Rotavirus vaccine and Men B vaccine scheduled to be administered at 2 months of age;<br>(b) 6 in 1 vaccine, Rotavirus vaccine and Men B vaccine scheduled to be administered at 4 months of age;<br>(c) 6 in 1 vaccine and Men C vaccine scheduled to be administered at 6 months of age;<br>(d) **MMR** vaccine and Men B vaccine scheduled to be administered at 12 months of age. | €60.63 |
| 4. | Amount payable to a general practitioner for administering to a registered child under the Primary Childhood Immunisation Programme, after the child | €18.82 |

| | | |
|---|---|---|
| | has reached 12 months of age, a combined Hib/Men C vaccine scheduled to be administered at 13 months of age. | |
| 5. | Amount payable to a general practitioner per PCV up to a maximum of3 PCVs administered to a registered child under the Primary Childhood Immunisation Programme provided that the amount payable for administering the third PCV is payable only where the PCV concerned is administered to the registered child on or after the day on which he or she reaches 12 months of age and before the day on which he or she reaches 24 months of age. | **€18.82** |

| **PartB**<br>Services rendered in respect of the administration of vaccines to a registered child under the Primary Childhood Immunisation Programme where the general practitioner does not administer all of the vaccines under that Programme to that child | | |
|---|---|---|
| **Referenee Number**<br>(1) | **Service**<br>) | **Amount**<br>(3) |
| 1. | Amount payable to a general practitioner for administering to a registered child a 6 in 1 vaccine, Rotavirus vaccine and Men B vaccine scheduled to be administered at 2 months of age where another general practitioner administers to the child concerned other vaccines scheduled to be administered to that child under the Primary Childhood Immunisation Programme after 2 months of age. | €29.95 |
| 2. | Amount payable to a general practitioner for administering to a registered child all of the following vaccines where another general practitioner administers to the child concerned other vaccines scheduled to be administered to that child under the Primary Childhood Immunisation Programme after 4 months of age:<br>(a) 6 in 1 vaccine, Rotavirus vaccine and Men B vaccine scheduled to be administered at 2 months of age;<br>(b) 6 in 1 vaccine, Rotavirus vaccine and Men B vaccine scheduled to be administered at 4 months of age. | €121.90 |
| 3. | Amount payable to a general practitioner for administering to a registered child all of the following vaccines where another general practitioner administers to the child concerned other vaccines scheduled to be administered to that child under the Primary Childhood Immunisation Programme after 6 months of age:<br>(a) 6 in 1 vaccine, Rotavirus vaccine and Men B vaccine scheduled to be administered at 2 months of age;<br>(b) 6 in 1 vaccine, Rotavirus vaccine and Men B vaccine scheduled to be administered at 4 months of age;<br>(c) 6 in 1 vaccine and Men C vaccine scheduled to be administered at 6 months of age. | €206.31 |
| 4. | Amount payable to a general practitioner for administering to a registered child all of the following vaccines where another general practitioner administers to the child concerned other vaccines | €206.31 |

| | |
|---|---|
| | scheduled to be administered to that child under the Primary Childhood Immunisation Programme after 12 months of age:<br>(a) 6 in 1 vaccine, Rotavirus vaccine and Men B vaccine scheduled to be administered at 2 months of age;<br>(b) 6 in 1 vaccine, Rotavirus vaccine and Men B vaccine scheduled to be administered at 4 months of age;<br>(c) 6 in 1 vaccine and Men C vaccine scheduled to be administered at 6 months of age;<br>(d) MMR and Men B vaccine scheduled to be administered at 12 months of age. |

| **PartC**<br>Services rendered in respect of the administration of vaccines to a child who is not a registered child in respect of the general practitioner under the Primary Childhood Immunisation Programme where that general practitioner does not administer all of the vaccines under that Programme to that child | | |
|---|---|---|
| **Reference Number**<br>**(1)** | **Service**<br>**(2)** | **Amount**<br>(3) |
| 1. | Amount payable to a general practitioner for administering to a child any of the following sets of vaccines where the child concerned, although a registered child in respect of another general practitioner, has not received any vaccines under the Primary Childhood Immunisation Programme from the general practitioner in respect of whom the child is a registered child, provided that the general practitioner administers the set of vaccines scheduled to be administered to that child under the Programme at 2 months of age:<br>(a) 6 in 1 vaccine, Rotavirus vaccine and Men B vaccine scheduled to be administered at 2 months of age;<br>(b) 6 in 1 vaccine, Rotavirus vaccine and Men B vaccine scheduled to be administered at 4 months of age;<br>(c) 6 in 1 vaccine and Men C vaccine scheduled to be administered at 6 months of age;<br>(d) MMR and Men B vaccine scheduled to be administered at 12 months of age. | €76.41 |
| 2. | Amount payable to a general practitioner for administering to a child any of the following sets of vaccines where the child concerned is a registered child in respect of another general practitioner, and has received all vaccines under the Primary Childhood Immunisation Programme from another general practitioner (whether or not the general practitioner in respect of whom the child is a registered child), provided that the general practitioner administers the set of vaccines scheduled to be administered to that child under the Programme and referred to in paragraph (a):<br>(a) 6 in 1 vaccine, Rotavirus vaccine and Men B vaccine scheduled to be administered at 4 months of age;<br>(b) 6 in 1 vaccine and Men C vaccine scheduled to be administered at 6 months of age;<br>(c) MMR vaccine and Men **B** vaccine scheduled | €91.90 |

| | | |
|---|---|---|
| | to be administered at 12 months of age. | |
| 3. | Amount payable to a general practitioner for administering to a child either of the following sets of vaccines where the child concerned is a registered child in respect of another general practitioner and has received vaccines scheduled to be administered at 2 and 4 months of age under the Primary Childhood Immunisation Programme from another general practitioner (whether or not the general practitioner in respect of whom the child is a registered child), provided that the general practitioner administers the set of vaccines scheduled to be administered to that child under the Programme at 6 months of age:<br>(a) 6 in 1 vaccine and Men C vaccine scheduled to be administered at 6 months of age;<br>(b) MMR vaccine and Men B vaccine scheduled to be administered at 12 months of age. | €91.90 |
| 4. | Amount payable to a general practitioner for administering to a child both an MMR vaccine and Men B vaccine scheduled to be administered at 12 months of age. | €99.38 |
| 5. | Amount payable to a general practitioner for administering to a child a combined Hib/Men C vaccine scheduled to be administered at 13 months of age under the Primary Childhood Immunisation Programme where the child concerned is not a registered child in respect of the general practitioner but is a registered child in respect of another general practitioner. | €18.82 |
| 6. | Amount payable to a general practitioner per PCV up to a maximum of 3 PCVs administered to a child under the Primary Childhood Immunisation Programme where the child concerned is not a registered child in respect of the general practitioner and provided that the amount payable for administering the third PCV is payable only where the PCV concerned is administered to the child on or after the day on which he or she reaches 12 months of age and before the day on which he or she reaches 24 months of age. | €18.82 |

| **PartD**<br>Services rendered in respect of the administration of vaccines to a registered child under the Primary Childhood Immunisation Programme where no other vaccines are administered to that child under that Programme by any other general practitioner | | |
|---|---|---|
| **Reference Number**<br>**(1)** | **Service**<br>**(2)** | **Amount**<br>(3) |
| 1. | Amount payable to a general practitioner for administering to a registered child a 6 in 1 vaccine, Rotavirus vaccine and Men B vaccine scheduled to be administered at 2 months of age under the Primary Childhood Immunisation Programme, where no vaccines scheduled to be administered after 2 months of age under that Programme are administered, by the general practitioner concerned or any other general practitioner, to the registered child concerned. | €5.16 |
| 2. | Amount payable to a general practitioner for administering to a registered child a 6 in 1 vaccine, Rotavirus vaccine and Men B vaccine scheduled to be administered at 4 months of age under the Primary Childhood Immunisation Programme, where no vaccines scheduled to be administered after 4 months of age under that Programme are administered, by the general practitioner concerned or any other general practitioner, to the registered child concerned. | €72.24 |
| 3. | Amount payable to a general practitioner for administering to a registered child all of the following vaccines, where no vaccines scheduled to be administered after 4 months of age under that Programme are administered, by the general practitioner concerned or any other general practitioner, to the registered child concerned:<br>(a) 6 in 1 vaccine, Rotavirus vaccine and Men B vaccine scheduled to be administered at 2 months of age;<br>(b) 6 in 1 vaccine, Rotavirus vaccine and Men B vaccine scheduled to be administered at 4 months of age. | €77.40 |

| **PartE**<br>Services rendered in respect of opportunistic screening and administration of one set of vaccines to a child under the Primary Childhood hnmunisation Programme | | |
|---|---|---|
| **Reference Number**<br>**(1)** | **Service**<br>**(2)** | **Amount**<br>(3) |
| 1. | Amount payable to a general practitioner for administering to an individual any one of the following sets of vaccines where the individual is not a registered child in relation to any general practitioner provided that the set of vaccines concerned is administered to the individual on the same day by the general practitioner (or by the general practitioner concerned and another general practitioner in the same practice) and that the general practitioner or general practitioners concerned do not administer any of the other sets of vaccines to the individual concerned:<br>(a) 6 in 1 vaccine, Rotavirus vaccine and Men B vaccine scheduled to be administered at 2 months of age;<br>(b) 6 in 1 vaccine, Rotavirus vaccine and Men B vaccine scheduled to be administered at 4 months of age;<br>(c) 6 in 1 vaccine and Men C vaccine scheduled to be administered at 6 months of age;<br>(d) MMR vaccine and Men B vaccine scheduled to be administered at 12 months of age. | €67.04 |

| **PartF**<br><br>Services rendered in respect of the administration of a 4 in 1 vaccine or an MMR vaccine or both scheduled to be administered under the Primary Childhood Immunisation Programme to a child who is more than 4 years of age where the general practitioner has been informed that it is not possible for the vaccine or vaccines concerned to be administered by the Health Service Executive in a school setting | | |
|---|---|---|
| **Jleference Number**<br>**(1)** | **Service**<br><br>**(2)** | **Amount**<br><br>(3) |
| 1. | Amount payable to a general practitioner for administering to a child either -<br>(a) a 4 in 1 vaccine, or<br>(b) an MMR vaccine,<br>where the child is more than 4 years of age provided that the vaccine which is administered is not administered by the general practitioner (or by another general practitioner in the same practice) on the same dav as the other vaccine. | €36.03 |
| 2. | Amount payable to a general practitioner for administering to a child -<br>(a) a 4 in 1 vaccine, and<br>(b) an MMR vaccine,<br>where the child is more than 4 years of age and both vaccines are administered on the same day by the general practitioner or by the general practitioner concerned and another general practitioner in the same practice. | €54.04 |

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SCHEDULE34

| Services rendered under other National Immunisation Programmes | | |
|---|---|---|
| **Reference Number (1)** | **Description (2)** | **Amount (3)** |
| 1. | Amount payable to a general practitioner for administering to an individual a vaccine in situations of disease outbreak in a specific area in the State. | €28.50 |
| 2. | Amount payable to a general practitioner for administering to an individual a vaccine during a pandemic. | €10.00 |
| 3. | Amount payable to a general practitioner under the General Medical Services Scheme for administering a full course of vaccines against Hepatitis B, including post-vaccination testing where necessary, to an individual in an at-risk category. | €142.57 |
| 4. | Amount payable to a general practitioner for administering a PPV vaccine to an individual in an at-risk category under the General Medical Services Scheme provided that the vaccine which is administered is not administered by the general practitioner (or by another general practitioner in the same practice) on the same day as an influenza vaccine. | €28.50 |
| 5. | Amount payable to a general practitioner for administering an influenza vaccine to an individual in an at-risk category under the General Medical Services Scheme provided that the vaccine which is administered is not administered by the general practitioner (or by another general practitioner in the same practice ) on the same day as a PPV vaccine. | €15.00 |
| 6. | Amount payable to a general practitioner for administering an influenza vaccine to an individual in an at-risk category -<br>(a) **a PPV,** and<br>(b) an influenza vaccine,<br>under the General Medical Services Scheme where both vaccines are administered on the same day by the general practitioner or by the general practitioner concerned and another general practitioner in the same practice. | €42.75 |

The Minister for Public Expenditure and Reform consents to the foregoing Regulations.

G GIVEN under my Official Seal of the Minister for Public Expenditure and Reform,
20 December, 2019.

PASCHAL DONOHOE,
Minister for Public Expenditure and Reform.

G GIVEN under my Official Seal,
20 December, 2019.

SIMON HARRIS,
Minister for Health.

EXPLANATORY NOTE

*(This note is not part of the Instrument and does not purport to be a legal interpretation)*

These Regulations shall apply to payments in respect of services rendered by a general practitioner to or on behalf of the Health Service Executive under and in accordance with the terms of the General Medical Services Scheme, the Health (Amendment) Act 1996, the Mental Health Act 2001, the National Cervical Screening Programme, the Primary Childhood Immunisation Programme and the National Immunisation Programmes.

BAILE ATHA CLIATH
ARNA FHOILSIU AG OIFIG AN tSOLATHAIR
Le ceannach clireach 6
FOILSEACHAIN RIALTAIS,
52 FAICHE STIABHNA, BAILE ATHA CLIATH 2,
D02 DR67.

Teil: 076 llO 6834
r-post: publications@opw.ie

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Appendix III

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Feidhmeannacht na Seirbhíse Sláinte
Seirbhís Aisíoca Príomhchúraim
Bealach amach 5 an M50
An Bóthar Thuaidh
Fionnghlas
Baile Átha Cliath 11

Guthán: (01) 864 7100
Facs: (01) 834 3589

Health Service Executive
Primary Care Reimbursement Service
Exit 5, M50
North Road
Finglas
Dublin 11

Tel: (01) 864 7100
Fax: (01) 834 3589

Circular No. 006/14

19th February 2014

**Re: GMS Contract and Out of Hours Services**

Dear Doctor,

I am writing to you regarding the provision of out of hours services. I enclose for your information a copy of the Out of Hours Clarification Document agreed between the HSE and the IMO and dated 26 July 2013.

The Clarification Document distinguishes between (a) the normal contracted surgery hours and (b) the normal routine surgery hours of your practice. Out of hours claims are not appropriate where a consultation takes place during normal contracted surgery hours or during normal routine surgery hours.

When you entered into your contract with the HSE, you agreed your normal contracted surgery hours with the Local Health Office. These hours are recorded on the claims database and referenced in order to validate claims. The purpose of this letter is now to record your normal routine surgery hours. This information is required to assist the HSE in processing your out of hours claims in accordance with your Contract and ensure payment to you is issued promptly.

Your co-operation is requested in accordance with Clause 28 of your contract, which provides that the HSE and GPs will co-operate in the operation of the contract and the GMS Scheme. Please complete the form attached and return in the enclosed prepaid envelope by close of business on Friday, 14th March, 2014.

Yours sincerely,

Patrick Burke
Primary Care Reimbursement Service

Appendix III

**Please complete and return in prepaid envelope**

Dr. (Name)

Doctor Number:

**Normal/Routine Surgery Hours***

| Surgery Address | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

*Note: Normal contracted surgery hours are already recorded by the HSE

Doctors Signature_____ Date _____

Doctors Stamp:

# CLARIFICATION DOCUMENT

The Irish Medical Organisation (IM:O) and the Health Service Executive (HSE) referred certain matters relating to "out of hours" and "temporary residence/emergency treatments" to mediation. In the course of the mediation the parties agreed that the Mediator would be invited to issue a guidelines document which might be circulated by HSE to all contracted General Practitioners. The following are guidelines to be used by both General Practitioners and the HSE in determining the validity of any claim for out of hours.

1. The purpose of this document is to provide guidance on what constitutes an eligible "out of hours" service that will be reimbursed by the HSE as such. This document does not vary the terms of the GMS contracts (as amended or varied by Circular) and in the event of any conflict, between the contents of this document and the terms of the contracts (as amended or varied), the contract shall take precedence.

2. Nothing in this document shall alter or interfere with any obligation that a General Practitioner has in respect of his/her ethical obligations to the patient and/or his/her compliance with Medical Council requirements and in particular the Guide to Professional Conduct and Ethics for Registered Medical Practitioners.

3. This document should be read in conjunction with the GMS contracts and relevant Circulars.

4. Pursuant to the GMS contracts (as amended or varied) contracted General Practitioners are obliged to be available for consultations and for domiciliary visiting for a total of 40 hours per week ("normal contracted surgery hours"). Surgeries may be open for longer periods than the normal contracted surge1y hours and such hours are referred to as "normal/routine surgery hours". A General Practitioner's surgery arrangements both "normal contracted surgery hours" and "normal/routine surgery hours" shall not discriminate·between eligible persons and private patients.

5. Out of hours claims may only be made in respect of appropriate out of hours treatment given by the General Practitioner outside of the hours 9.00am to 5.00pm Monday to Friday and during all hours on Saturdays, Sundays and Bank Holidays.

6. Out of hours claims may not be made in respect of consultations held during no1mal contracted surgery hours or consultations held during normal/routine surgery hours. Out of hours payments will only be made in circumstances where the patient consultation is unforeseen, non routine and necessarily carried out out of hours and cannot be safely deferred until GP services are routinely available.

7. Notwithstanding the fact that a GP may have suitable alternative out of hours arrangements an urgent and unforeseen consultation may be the subject of an out of hours claim if the service provided by that out of hours service is not readily available and/or the patient's complaint is such that she/he required immediate attention and it might be injurious to his/her health to wait to attend the out of ours service.

8. Out of hours claims will not be paid in any or all of the following circumstances:-

i. The consultation is not urgent and/or is not unforeseen.

ii. The consultation takes place during an overflow clinic.

iii. Theconsultation takes place during normal contracted surgery hours.

iv. The consultation takes place during nonnaVroutine surgery hours.

v. The patient did not require urgent treatment directly by the GP concerned.

vi. No face to face out of hours consultation actually took place.

vii. The consultation is otherwise routine.

vm. The time of the consultation was not during the specified out of hours period.

9. The decision by a GP to accept or refuse a consultation in respect of any of the foregoing circumstances shall be taken by that GP having regard fo, inter alia, the provisions of the GMS contracts (as varied) and his/her obligations under Medical Council guidelines.

10. The GP shall not be entitled to make a claim for out of hours in respect of consultations that are offered to a patient outside normal hours merely to facilitate the preference of the patient.

11. Special items of service should normally be provided during routine/normal surgery hours and provision of special items of service should not be scheduled for out of hours.

12. If, during the course of an appropriate out of hours consultation it is identified that a patient urgently requires a special item of service which cannot be deferred until the next scheduled surgery then the GP may claim a fee for that special item of service in addition to the out of hours fee provided always that the service is on the agreed list of.services which may be reimbursed in respect of out of hours.

13. The following special services may be provided during the course of out of hours consultations:-

Excisions

Suturing of cuts and lacerations

Treatment and plugging of dental and nasal hemorrhages

Electrocardiography (ECG) tests and their interpretation

Removal of adherent foreign bodies from the conjunctiva! surface of the eye

Removal of lodged or impacted foreign bodies from the ear, nose and throat (not including syringing of the ear for wax)

Nebuliser treatment in the case of acute asthmatic attack

Bladder catheterization

Attendance by GP at HSE convened case conference

Vaccination, Hepatitis B

If the following services are provided out of hours a STC claim only can be made:-

Cryotherapy/diathermy of skin lesions

Draining ofhydroceles

Recognised vein treatment

Instruction in fitting of a diaphragm

Advice and fitting of a diaphragm

Counselling and routine fitting of an intra uterine contraceptive device (IUCD)

Vaccination - influenza, pneumococcal

**CLAIMING PROCEDURES**

14. It is the obligation of the doctor to ensure that all appropriate claim forms are completed accurately and fully. Out of hours claims may be only made by the "doctor of <;hoice" of a GMS patient or by a partner of the "doctor of choice" who is also a GMS contract holder or by a GMS contract holder who has entered into a recognised rota arrangement with "the doctor of choice" where such arrangements have been approved by the HSE. Such arrangements may include out of hours cooperative rotas. The HSE recognises that such arrangements may give rise to above normal out of hours claims statistics for individual doctors. Any concerns in this area will be brought directly to the attention of the doctor.

15. This document deals only with out of hours arrangements and does not deal with emergency arrangements in the contracts which will be subject to a separate clarification document.

16. Payment of fees shall be made monthly. In the event of the HSE refusing to discharge any fee claimed then it shall within 30 days of the receipt of the claim advise the doctor that the fee is not to be paid and the reason for the refusal thereof. In the event of the HSE refusing to make any payment then the doctor may raise the matter directly with the HSE or may request the IMO to raise it on

his/her behalf. Efforts will be made, where matters are raised by the IMO, to resolve payment issues within a period of eight weeks. In the event of the matter not being resolved by discussions it may, subject to the agreement of both the HSE and the doctor be referred for binding arbitration to an agreed third party. Nothing in this document limits in any way any party's legal rights pursuant to the GMS contracts as amended or varied. Nothing in this clause alters the provisions in the GMS contracts in relation to payments on account.

17. The following are the documents which taken together constitute the OMS contracts as they relate to "out of hours" but is not an exhaustive list of all contractual documentation:

(a) Agreement for the Provisions of Services under Section 58 of the Health Act 1970 as completed by each contracted General Practitioner.

(b) Circular letter entitled "OMS Doctors Contract/Out of Hours Work" dated 6th August 1997.

(c) Circular entitled "February 1998 Agreement and Out of Hours Arrangements and Payments" dated September 1998 .

(d) Document entitled "Out of Hours Claims by General Practitioners under the OMS Scheme" dated 8th October 1999.

(e) Agreement for provision of services under Section 58 of the Health Act 1970 as substituted for by the Health (Amendment) Act 2005 as completed by each contracted General Practitioner (GP Visit Cards).

18. For the avoidance of doubt this document does not form part of the contractual documents between General Practitioners and the HSE for the provisions of services pursuant to Section 58 of the Health Act 1970 (as amended). This document has no legal effect, however it is agreed by the HSE and the IMO that it might be used by the parties to the contracts as guidelines on the appropriateness of claims and payments for out of hours.

Appendix IV

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Feidhmeannacht na Seirbhíse Sláinte
Seirbhís Aisíocaíochta Cúraim Phríomhúil
Plás J5
Lárionad Gnó na Páirce Thuaidh
Bealach Amach 5, M50
An Bóthar Thuaidh
Fionnghlas
Baile Átha Cliath 11

Fón: (01) 864 7100
Facs: (01) 834 3589

Health Service Executive
Primary Care Reimbursement Service
J5 Plaza
North Park Business Park
Exit 5, M50
North Road
Finglas
Dublin 11

Tel: (01) 864 7100
Fax: (01) 834 3589

Circular 027/15

3rd December 2015

**Re: GMS Contract and Claiming of Temporary Resident and Emergency Treatment Fees**

Dear Doctor,

Further to the above, the attached clarification document sets out the rules on what constitutes an eligible Temporary Resident or Emergency Treatment service reimbursable by the HSE.

Please ensure that any future claims submitted by you for Temporary Resident or Emergency Treatment are strictly in accordance with the rules set out in the attached.

Yours sincerely,

Anne Marie Hoey

Anne Marie Hoey
Primary Care Reimbursement & Eligibility

# Clarification Document on the Claiming of: Temporary Resident and Emergency Treatment Fees

1. The purpose of this document is to provide guidance on what constitutes eligible claims for fees which are reimbursable by the HSE for Temporary Residents and for Emergency Treatment. This document does not vary the terms of the GMS Contract (as amended or varied by Circular) and in the event of any conflict between the contents of this document and the terms of the GMS Contracts (as amended or varied), the Contracts (as amended or varied) shall take precedence.

2. Nothing in this document shall alter or interfere with any obligation that a general practitioner has in respect of his ethical obligations to the patient and/or his compliance with Medical Council requirements and in particular the Guide to Professional Conduct and Ethics for Registered Medical Practitioners.

3. This document should be read in conjunction with the GMS Contracts, relevant Circulars and Out-of-Hours Clarification Document.

4. Pursuant to the GMS agreement (as amended or varied by Circular) contracted general practitioners are obliged to be available for surgery consultations and for domiciliary visiting for a total of 40 hours per week (normal contracted surgery hours). Surgeries may be open for longer periods than the normal contracted surgery hours and such hours are referred to as "normal/routine surgery hours". A General Practitioner's surgery arrangements both "normal contracted surgery hours" and "normal/routine surgery hours" shall not discriminate between eligible persons and private patients.

5. The payment of additional fees for Temporary Residents is to ensure that clients will have access to GMS services when they move temporarily and are staying in a different geographic area from their normal place of residence, the move to the different geographic area making their registered GP inaccessible. The duration of the GMS client's stay should not exceed three months. If the client stays longer than three months, the client should notify the HSE and change doctor to a doctor practising in the new area in which s/he resides e.g. students. A client would therefore not attend a GP in their own locality as a Temporary Resident.

6. If a GMS client has an accident or requires an emergency consultation for urgent treatment and is unable to receive that treatment from his/her registered GP/Practice because it would be unsafe to wait to attend his/her own GP and/or impractical to access due to travel distance, s/he may attend another GP in the locality where s/he finds him/herself in need of services. The reason for the consultation must be unforeseen, the patient's complaint should be urgent and requires immediate attention which necessitates a consultation being carried out directly. The patient's condition is such that it may be injurious to his/her health to wait to attend his/her registered General Practitioner. Under this provision, a client cannot attend a GP routinely for Emergency Treatment.

7. For clients in receipt of short term care in private nursing homes when the duration of stay is not expected to exceed three months; and where the nursing home is outside of the registered GP's area, then a doctor practising in the area of the home may claim a Temporary Residents fee for service provision. This includes short term respite care.

8. When a client in a private nursing home has an accident and/or requires an emergency consultation for urgent treatment and is unable to receive that treatment from his/her registered GP/Practice because it would be unsafe or impractical to access, another GP may provide a service and claim an emergency fee. Emergency fees cannot be routinely claimed for clients in nursing home care. Payments of emergency claims for clients in nursing homes should therefore be of an exceptional nature.

9. Where a GP sees a temporary resident (as defined above) during an out-of-hours period, if the Claiming GP is not in a rota with the Registered GP (Choice of Doctor) the fee payable is for a Temporary Resident. If the Claiming GP is in a rota with the Registered GP (Choice of Doctor), then an out-of-hours claim, in accordance with the GMS Contract is applicable.

10. If an emergency occurs out-of-hours and the claiming GP is in a rota with the Choice of Doctor, then an OOH claim in accordance with the GMS Contract is applicable. If the Claiming GP is not in a rota with the Registered GP and the client has not moved temporarily into the area then an emergency fee is claimed.

11. Provision of Special Type Consultations for special items of service should be in accordance with clinical guidelines for the particular service.

12. Special Type Consultations (STCs) for special items of service and vaccinations are generally claimed by the registered doctor/choice of doctor, with services provided during routine surgery hours. The following STCs for special items of service may be claimed in conjunction with claims for Emergency Treatment and Temporary Residents.

| | **Special Services which can be claimed with Emergency and Temporary Claims** | | |
|---|---|---|---|
| **Ref. No.** | **Description of Special Service** | **Emergency Claim** | **Temporary Claim** |
| 1a | Excisions | | |
| 1b | Cryotherapy/diathermy of skin lesions | | |
| 2 | Suturing of cuts and lacerations | | |
| 3 | Draining of hydroceles | | |
| 4 | Treatment and plugging of dental and nasal haemorrhages | | |
| 5 | Recognised vein treatment<br>The fee is only paid where sclerotherapy treatment is involved and will not be payable where dressings only are provided. | | |

| | | | |
|---|---|---|---|
| 6 | Electrocardiography (ECG) tests and their interpretation The fee payable will include the recording as well as interpretation of ECG tests | | |
| 7 | Instruction in the fitting of a diaphragm | | |
| 8 | Removal of adherent foreign bodies from the conjunctival surface of the eye | | |
| 9 | Removal of lodged or impacted foreign bodies from the ear, nose and throat (syringing of the ear for wax is not claimable) | | |
| 10 | Nebuliser treatment in the case of acute asthmatic attack | | |
| 11 | Bladder catheterization | | |
| 12 | Advice and fitting of a diaphragm | | |
| 13 | Counselling and fitting of an intra uterine contraceptive device (IUCD) | | |
| 14 | Attendance by GP at HSE convened case conference | | |
| | Vaccination – influenza, pneumococcal, Hep B | **Hep B first shot only** | |

The special item of service fee and not an emergency fee is claimable if the following services are provided during the course of a consultation:-

- Cryotherapy/diathermy of skin lesions
- Draining of hydroceles
- Recognised vein treatment
- Advice and fitting of a diaphragm
- Counselling and routine fitting of an intra uterine contraceptive device (IUCD)
- Vaccination – influenza, pneumococcal

13. Temporary Residents claims should not be made in any or all of the following circumstances:-

a) The claiming GP is the registered GP/Doctor of Choice; or
b) The claiming GP is operating in the same practice, arrangement or locality as the registered GP; or
c) The claiming GP is through an arrangement providing services on behalf of the registered GP; or
d) The claiming GP is operating in a rota arrangement with the registered GP; or
e) The client is not temporarily resident outside of his/her own area and/or is living at his/her permanent address; or
f) The client opts to attend a GP who is not his/her Doctor of Choice, even if the change of doctor process is pending; or
g) The client has moved temporarily and his/her temporary residence is accessible to the registered GP; or
h) The client is ordinarily resident in the location of the claiming doctor for a period in excess of three months; or
i) The registered GP, (Choice of Doctor), or a doctor providing services on behalf of the registered GP, is accessible and available to provide the consultation; or

j) The client is attending a GP, (not his/her registered doctor) under the Methadone Contract, or as part of another health programme; or
k) The client is in a private nursing home and the nursing home is in his/her registered doctor's area or:
   - the client is ordinarily resident there; or
   - the client is in receipt of long term care; or
   - the duration of stay is expected to be greater than three months; or
   - the duration of stay has exceeded three months; or
l) The claim is otherwise not in accordance with the claiming guidelines.

14. Emergency Treatment claims should not be made in any or all of the following circumstances:-
a) The claiming GP is the registered GP/Doctor of Choice; or
b) The claiming GP is operating in the same practice or arrangement as the registered GP; or
c) The claiming GP is through an arrangement providing services on behalf of the registered GP; or
d) The claiming GP is operating in a rota with the Registered GP; or
e) The consultation is not in emergency circumstances; or
f) The patient's condition does not necessitate an immediate consultation to be carried out and does not necessitate emergency treatment; or
g) The consultation is routine in nature; or
h) The client opts to attend a GP who is not his/her Doctor of Choice, even if the change of doctor process is pending; or
i) The registered GP, (Choice of Doctor), or a doctor providing services on behalf of the registered GP, is accessible and available to provide the consultation; or
j) The claim is otherwise not in accordance with the claiming guidelines.

15. It is the obligation of the doctor to ensure that all appropriate claim forms are completed accurately and fully.

**Appendix V**

feidhmeannacht na Seirbhfse Slainte
Health Service .li"reCutive

**Primary Care Reimbursement Service**
**Security Certificate Requisition Form**
**Primary Care Contractor (PCC) vl.S**

## Information and Data Protection Notice

1. A security certificate is required to authenticate your electronic communications with PCRS, e.g. electronic claim submissions.
2. Security certificates can issue on the basis of provisional contract numbers. Full contract setup is required for reimbursement.
3. The latest version of this form is always available on online services section at www.pcrs.ie. Please check the version number at the top right of this document. Requisitions must be made on the latest version of the form.
4. Please use BLOCK CAPITALS and complete all sections. ***Mobile Number Is mandatory***. Forms which cannot be processed will be returned to sender by post.
5. **Data Protection Notice:** Personal data collected by the HSE is used for the purpose of providing a health service. It is required, stored, processed and disclosed to other bodies in accordance with the laws relating to proper treatment of personal data .

## Part 1: Requisition Type

**Additional:** In cases where a first or second etc. computer is to be configured to communicate with PCRS. **Replacement:** In cases where the PCC had a certificate for which a replacement is now required. **Standard:** Secure codes will be dispatched by post within 5 working days from receipt. Requisitions must be received at PCRS by the **15th of each month. Emergency:** Secure codes will be issued by email directly to a PCC and only if the requisition can be verified. If an email address is not available, an emergency requisition will not be processed.

| | |
|---|---|
| Please Insert "Additional" or "Replacement" | |
| Please Insert "Standard" or "Emergency" | |

If emergency, state the reason. This will be reviewed and the requisition processed as an **emergency only in certain cases.** Late applications are not treated as emergencies.

## Part Z: Applicant's Details

| | | |
|---|---|---|
| PCC Number: | | PCCStamp |
| Trading Name: | | |
| First Name: | | |
| Surname: | | |
| Phone Number: | | |
| Mobile Number: | | PCC Address: |
| Fax Number: | | |
| PSI/MC Number: | | |
| VAT Number: | | |
| E-mail Address: | | |

Please note that the details above are mandatory and are used to verify the requisition from a security perspective. The PSI number/ Medical Council number of the PCC is required.

## Part 3: Declaration

I the primary care contractor am seeking to be provided with a security certificate which will allow my computer system to communicate with the PCRS. I ensure that all appropriate physical security arrangements are in place regarding my computer infrastructure (e.g. personnel access to and use of it). I ensure that secure arrangements are made to destroy old computer infrastructure as it is replaced. I have appropriate contractual arrangements in place from a security point of view with any third parties who assist with my computing infrastructure.

Signature: Dated:

Please scan and email the completed, signed and stamped form to cert .info @hse.ie. Alternatively, post the form to;
IT Operations, Primary Care Reimbursement Service, Exit 5 MSO North Road Finglas, Dublin 11. Faxed forms not accepted.

**Appendix VI**

# Maternity and Infant Care Scheme

# Online Submission

| I wish to submit my registrations and claims under the Maternity and Infant Care Scheme online. | GMS Number |
|---|---|
| General Practitioner Signature & Date: | |
| Maternity and Infant Care Scheme effective date:<br>i.e. Date in which Maternity and Infant Care Scheme contract was signed | |
| General Practitioner Stamp: | |

If you are interested in registering to submit your claims online please complete this form and return in the pre-paid envelope provided or by email to pcrs.maternityandinfant@hse.ie

Fadhmeannacht **na Seirlnise** Slainie

Health Service Execuliw

# Application Form for Notification and Authorisation of Community Registered Nurse Prescriber (RNP)

## Introduction

The issue of circular S0222-NC0-09 *Alignment of Community Drug Schemes to incorporate Nurse and Midwife Prescriptions* (27 May 2009) indicated that the policy decision is that HSE community RNPs will be issued with a pad of *Primary Care Prescription Forms* with their own allocated GMS number. This number will be allocated once the Primary Care Reimbursement Service (PCRS) has been notified that the RNP is authorised by the HSE employer to commence prescribing. This form sets out the process for authorisation.

**This form is for the use of the Statutory and Voluntary services of the HSE only**

## Part 1: Registered Nurse Prescriber to complete

*I am applying to use the GMS system as a community RNP. Please see below my application details*

| | | Insert Details/Comment |
|---|---|---|
| 1 | RNP name (use **block** capitals)<br>• Forename<br>• Surname | |
| 2 | An Bord Altranais Personal Identification Number (PIN) | |
| 3 | Date registered as an RNP with An Bord Altranais | |
| 4 | HSE Health Area Manager/Local Health Office (LHO) Area of Employment and Health Area **/LHONumber** | |
| 5 | HSE StatutoryNoluntary Services Employee Number (i.e. personnel number) | |
| 6 | Contact address of HSE StatutoryIVoluntary HSE service where I am employed and from which authorised to prescribe | |
| 7 | Contact details<br>• Office telephone (including prefix)<br>• Mobile<br>• email | |
| 8 | My clinical area of practice is (for example public health nursing, tissue viability, palliative care etc.) | |
| 9 | Name of Collaborating General Practitioner(s) (if multiple please insert names or attach list) | |
| 10 | My CPA was authorised (give date) | |
| 11 | I commit to regular audit of my prescribing practice in accordance with An Bord Altranais *Practice Standards and Guidance for Nurses* ***and Midwives with Prescriptive Authority*** (2010) and the *Policy for Medicinal Product Prescribing* for my service area. | Tick box to confirm |

I am applying to be issued with a GMS number and a supply of Primary Care Prescription Pads and I commit to keeping the prescription pads in a secure place.

**Signature of RNP:** Date:

## Part 2: Director of Nursing/Midwifery/Public Health Nursing to complete

*Please complete details below for RNP insert Yes in each section as applicable )*

| | | Confirmation/Comment |
|---|---|---|
| 1 | I confirm that the nurse/midwife named in Part 1 of this form is a RNP | |
| 2 | I confrrm that the RNP has a valid CPA and is authorised to prescribe named medicinal products in the service named in Part 1 of this form | |
| 3 | I confirm that GMS prescriptions are used in collaboration with GPs for patients attending | |
| 4 | this service<br>confirm that there is a policy and process for service | |
| 5 | I confirm that a process is in place for regular audit of the RNPs prescribing practice in accordance with An Bord Altranais *Practice Standards and Guidance for Nurses and Midwives with Prescriptive Authority* (2010) | |

I confirm the details in Part 1 and Part 2 are correct. I approve the RNP's application to use the GMS system in the named clinical area of practice.

**i ignatnre of Director:** [redacted] Date:

## Part 3: HSE Health Area Manager/LHO Manager to complete

I have reviewed the details set out in this *Form* and authorise the named HSE community RNP to access and prescribe under the General Medical Services Scheme.

**Signature of HSE Health Area Manager/LHO Manager:**

Date:

LHO No:

## Part 4: PCRS to complete (for internal use)

| | | Action |
|---|---|---|
| 1 | HSE Health Area/LHO Number | |
| 2 | GMS Number assigned | |
| 3 | Date issued | |
| 4 | Details entered | |
| 5 | PCRS Officer | |

**Appendix VIII**

# STANDARD ORAL NUTRITIONAL SUPPLEMENTS (ONS)

## LIST A

## PREFERRED PRODUCT LIST

| Drug Code | Product Description | Pack Size |
|---|---|---|
| **POWDERED ONS** | | |
| 85100 | Complan Shake 57 G Sachet | 4 |
| 83258 | Ensure Shake 57 G Sachet | 7 |
| 85067 | Foodlink Complete 57 G Sachet | 7 |
| 83248 | Foodlink Complete Sachet (starter pack with shaker) 57 G Sachet | 5 |
| 85068 | Foodlink Complete with Fibre 63 G Sachet | 7 |
| 83236 | Fresubin Powder Extra 62 G Sachet | 7 |
| 83254 | Nutriplete Shake 57 G Sachet | 7 |
| 83255 | Nutriplete Shake with Shaker 57 G | 5 |
| **COMPACT & MINI-DRINK SIP FEEDS** | | |
| 82510 | Altraplen Compact 125 ml | 1 |
| 83956 | Ensure Compact 125 ml | 1 |
| 82530 | Fortisip Compact 125 ml | 1 |
| 82532 | Fortisip Compact Fibre 125 ml | 1 |
| 85093 | Fresubin 2 KCal Fibre Mini Drink 125 ml | 1 |
| 85069 | Fresubin 2KCal Mini Drink 125 ml | 1 |

# LIST B

## PRODUCTS REQUIRING PRIOR APPROVAL

| Drug Code | Product Description | Pack Size |
|---|---|---|
| 83695 | Altraplen Smoothie 200 ml | 1 |
| 83256 | Aymes Creme 125 G | 4 |
| 81776 | Calshake 87 G sachet | 7 |
| 83023 | Enshake 96.5 G. Sachet | 6 |
| 81485 | Ensure 250 ml | 1 |
| 81165 | Ensure Plus 200 ml | 1 |
| 81394 | Ensure Plus 220 ml | 1 |
| 83030 | Ensure Plus Creme 125 G | 1 |
| 81688 | Ensure Plus Fibre 200 ml | 1 |
| 83954 | Ensure Plus Juce 220 ml | 1 |
| 81147 | Ensure Plus Savoury 220 ml | 1 |
| 81153 | Ensure Plus Yoghurt Style 220 ml | 1 |
| 82501 | Ensure Twocal 200 ml | 1 |
| 81152 | Forticreme Complete 125 G. | 1 |
| 83710 | Fortijuce 200 ml | 1 |
| 85070 | Fortisip 2 Kcal 200 ml | 1 |
| 81170 | Fortisip 200 ml | 1 |
| 81608 | Fortisip Multi Fibre 200 ml | 1 |
| 81611 | Fortisip Multi Fibre Savoury 200 ml | 1 |
| 81173 | Fortisip Yoghurt Style 200 ml | 1 |
| 82519 | Fresubin 2 Kcal 200 ml | 1 |
| 83959 | Fresubin 2 Kcal Creme 125 G Pot | 1 |
| 82524 | Fresubin 2 Kcal Fibre 200 ml | 1 |
| 81180 | Fresubin Energy 200 ml | 1 |
| 81615 | Fresubin Energy Fibre 200 ml | 1 |
| 83712 | Fresubin Jucy 200 ml | 1 |

| | | |
|---|---|---|
| **82341** | Fresubin Original 200 ml | 1 |
| **83958** | Nutilis Fruit Stage 3 150 G Pot | 1 |
| **83065** | Nutricrem 125 G | 1 |
| **83206** | Scandishake Mix 85 G Sachet | 6 |

Appendix IX

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

# Primary Care Reimbursement Service

## Patient Dispensing Record
## Training Manual

Revision: 2.7

Date: 24.05.17

**Table of Contents**

# 1 Introduction

The aim of this self study training manual is to guide and support you in familiarising yourself with the new Patient Dispensing Record.

The HSE has developed an online facility to capture computerised dispensing records. The system requires you to record all drugs dispensed to patients from stock orders received from the HSE. This computerised system is available as part of your GP Application Suite, it incorporates standard on screen assistance including validation and screen tips for each data item. Once you have entered details onto the Patient Dispensing Record they are updated on the HSE PCRS information system. The Patient Dispensing Record requires and provides for the recording of signatures on the printed dispensing record.

This document should be read in conjunction with HSE Dispensing Guidelines.

At the moment the ordering of stock is not facilitated through the Dispensing Record Application and traditional stock order arrangements will continue. All stock orders must be pre-approved by the HSE before supply.

**Doctor Application Suite**

The Patient Dispensing Record is accessed through the ***GP Application Suite*** which is accessible from the following link https://hse.sspcrs.ie/doctor

In the GP Application Suite the menu offers a number of choices:

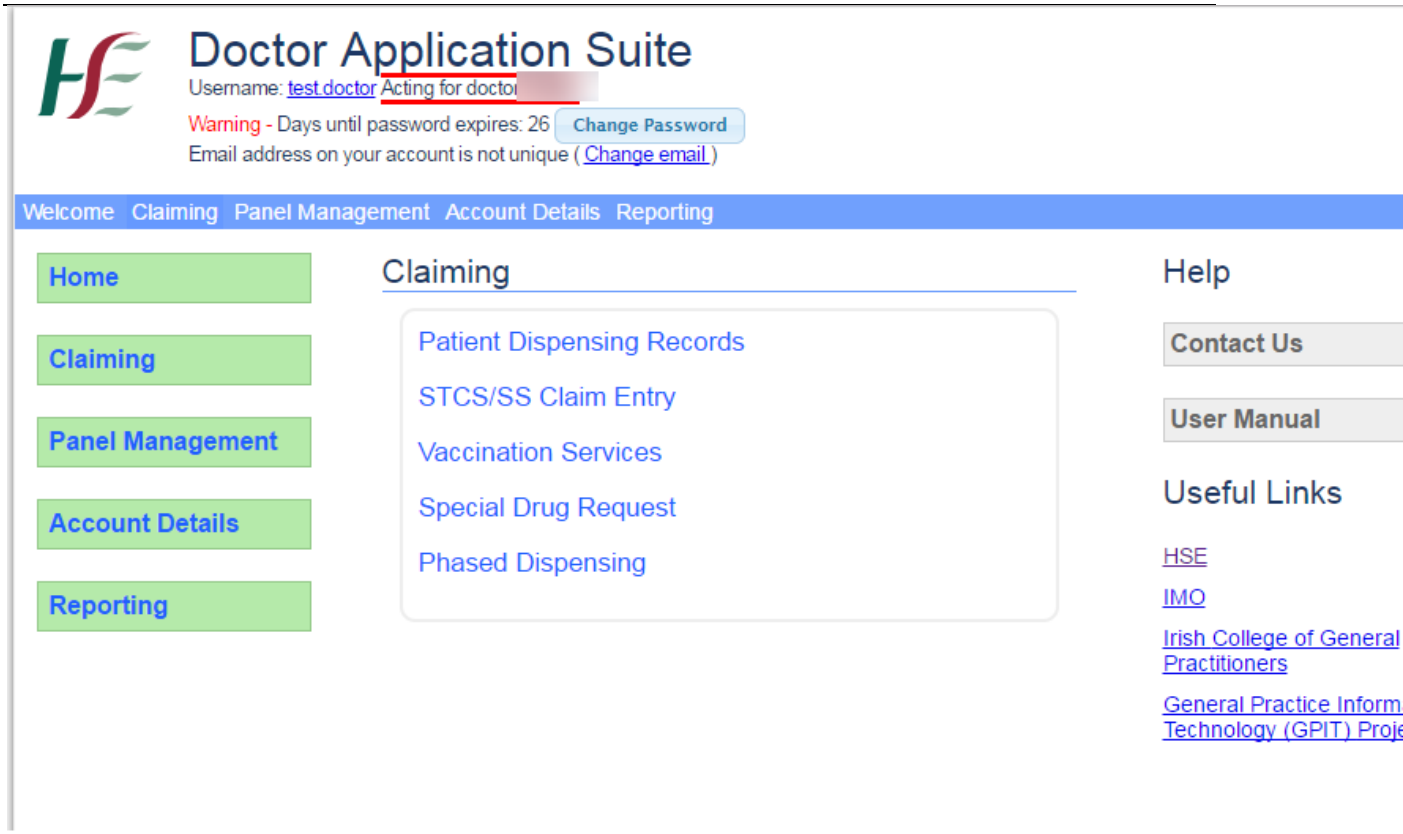
- Welcome
- **Claiming**
- Panel Management
- Account Details
- Reporting

The Patient Dispensing Record is accessed through ***Claiming.***

In Claiming menu there are five choices:

- **Patient Dispensing Records**
- STC/SS Claim Entry
- Vaccination Services
- Special Drug Request
- Phased Dispensing

The option to choose is the **Patient Dispensing Record**.


Doctor Application Suite
Username: test.doctor Acting for doctor
Warning - Days until password expires: 26
Change Password
Email address on your account is not unique ( Change email )
Welcome
Claiming
Panel Management
Account Details
Reporting
Home
Claiming
Panel Management
Account Details
Reporting
Claiming
Patient Dispensing Records
STCS/SS Claim Entry
Vaccination Services
Special Drug Request
Phased Dispensing
Help
Contact Us
User Manual
Useful Links
HSE
IMO
Irish College of General Practitioners
General Practice Inform
Technology (GPIT) Proje

# 2 Screens

## 2.1 Dispensing Record

The Dispensing Record menu offers four options:

- Welcome
- Record Entry
- Record Query
- Drug Query

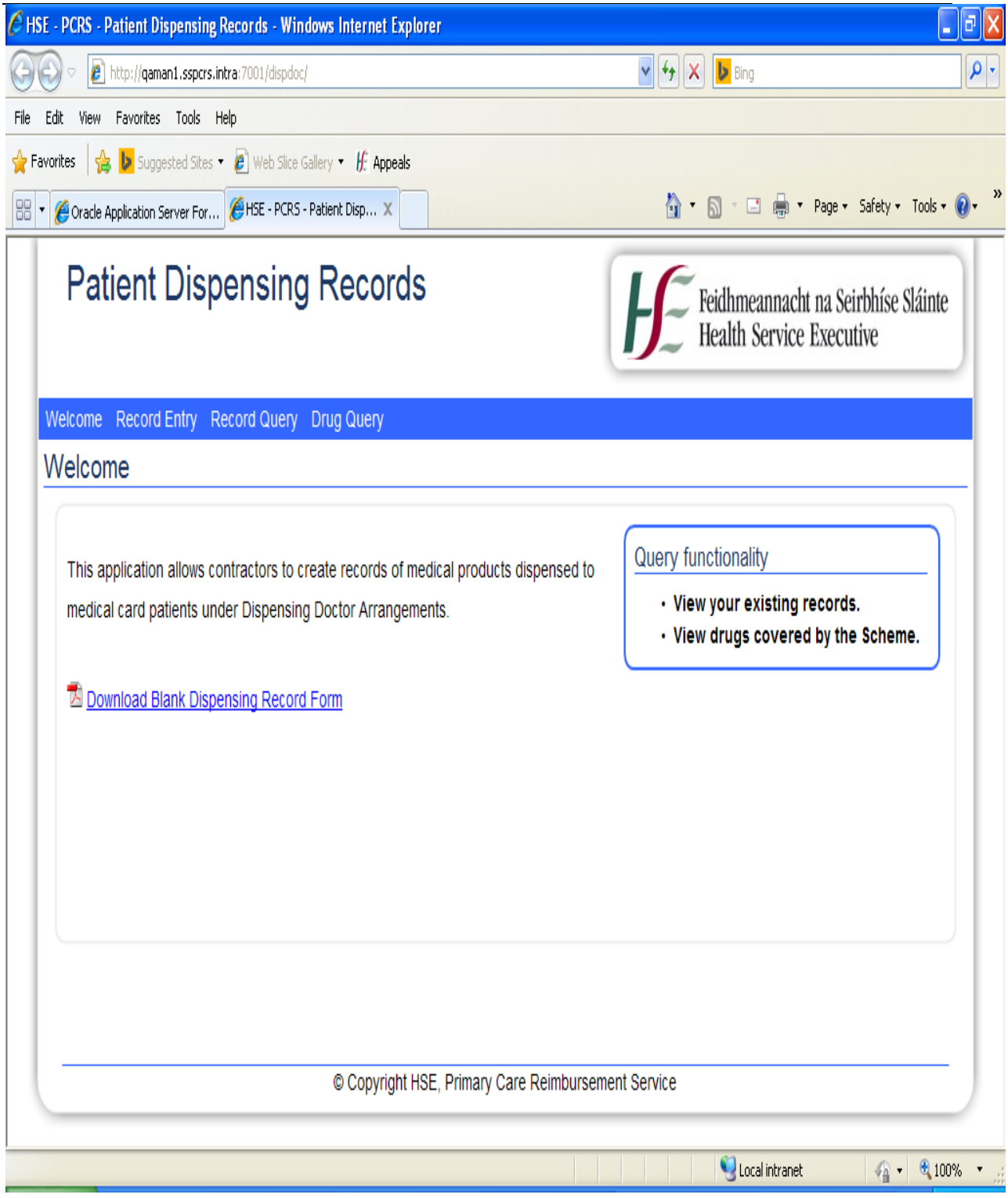
The option to choose is **Welcome**.

### Welcome

Welcome introduces you to the Patient Dispensing Record. Dispensing doctors must record all drugs and medicines they dispense to medical card dispensing patients and the **Dispensing Record Entry** allows you to create this record.

Where live input is not available an option is provided under **Welcome** to Download Blank Dispensing Record Form. In these circumstances the form can be printed and completed manually and must be signed by the patient on receipt of the medication dispensed. The information can then be inputted at a later stage, but should be inputted at least weekly and prior to month end. The signed forms are to be retained at the practice for audit purposes.

To create a record select **Record Entry**.


HSE - PCRS - Patient Dispensing Records - Windows Internet Explorer
http://qaman1.sspcrs.intra:7001/dispdoc/
File Edit View Favorites Tools Help
Favorites
Suggested Sites
Web Slice Gallery
Appeals
Oracle Application Server For...
HSE - PCRS - Patient Disp...
Page
Safety
Tools
Patient Dispensing Records
Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive
Welcome
Record Entry
Record Query
Drug Query
Welcome
This application allows contractors to create records of medical products dispensed to medical card patients under Dispensing Doctor Arrangements.
Query functionality
View your existing records.
View drugs covered by the Scheme.
Download Blank Dispensing Record Form
© Copyright HSE, Primary Care Reimbursement Service
Local intranet
100%

## 2.2 Dispensing Record Entry

The patient details and the drugs dispensed for the particular dispensing record are captured on the data entry screen.

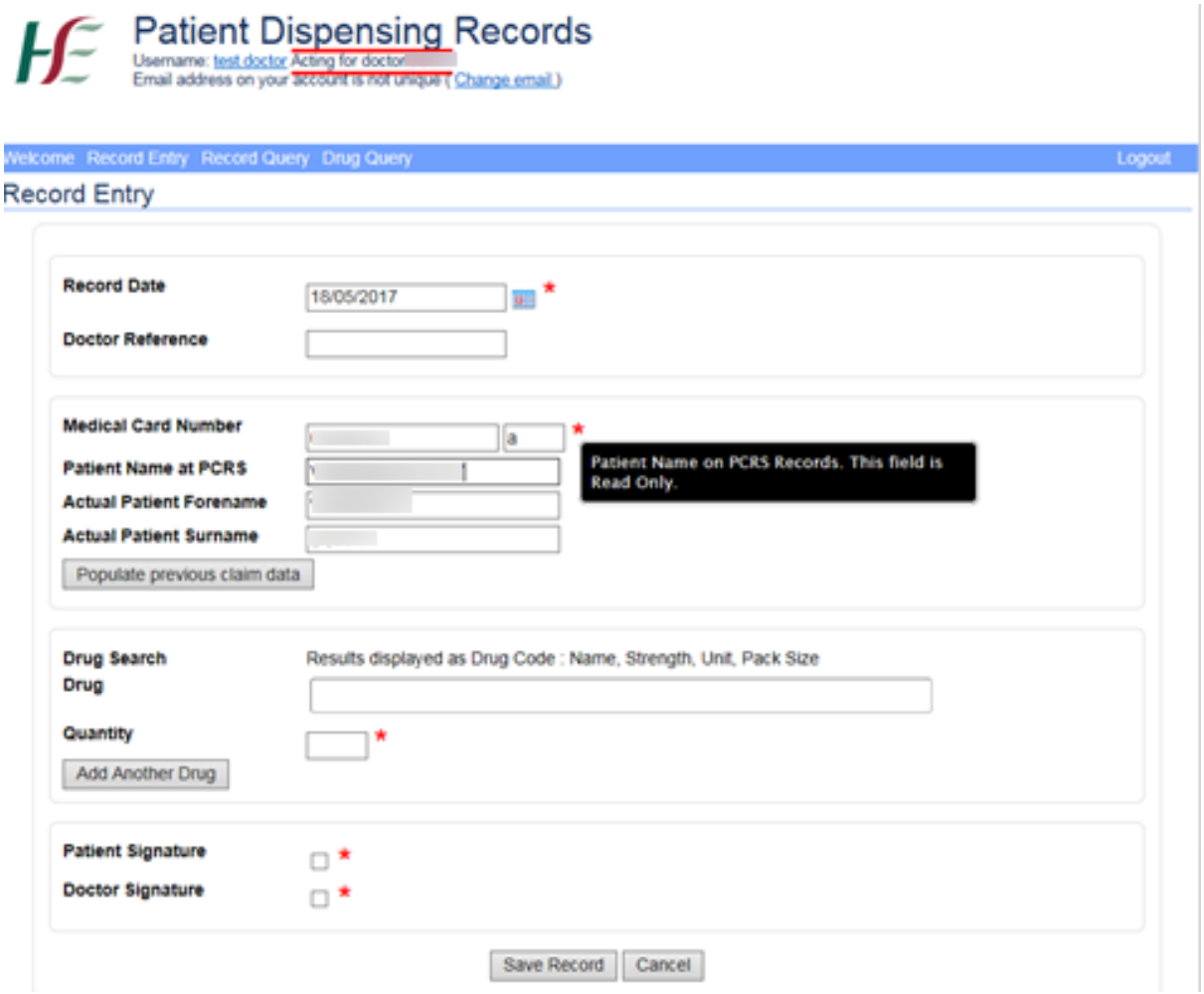
The medical card number of the dispensing patient is required for data entry. When the patient's Medical Card details are entered the Patient Name will be autocompleted. Only patient details belonging to the doctor's panel are allowed. The patient name displayed is that which is specified on HSE PCRS records, therefore this field cannot be amended and is a read only.

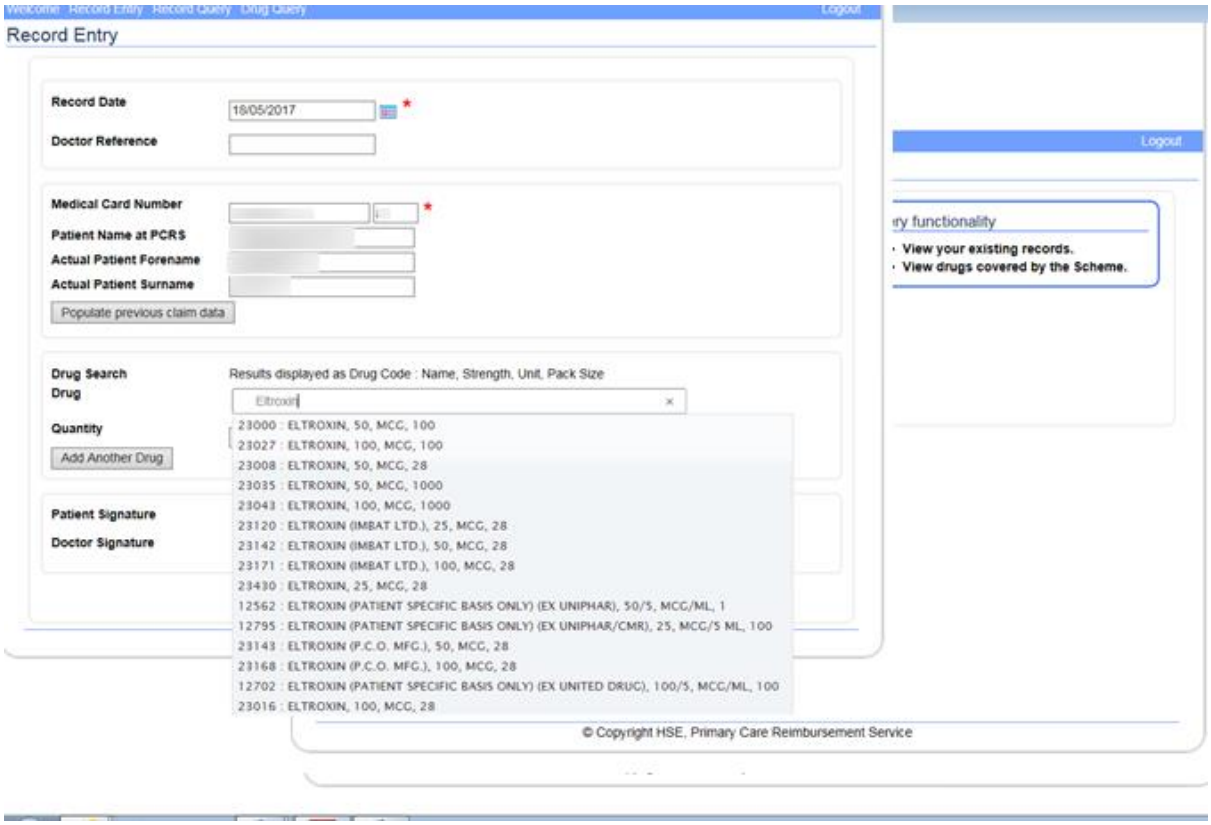
If necessary, the patient name can be amended on the **Actual Patient Forename** and **Actual Patient Surname** however this will not amend the patient details on the HSE PCRS system and the patient should be advised to contact PCRS at 1890 252 919.

The drug search option allows the user to search by drug name and will automatically populate the drug code based on the one selected.

If a record already exists on the dispensing system for this patient it is possible to update using **Populate previous claim data**. This information can then be updated as required in respect of the current prescription.

The 'Add Another Drug' button allows additional drugs to be added.






Once all mandatory fields are completed the data can be submitted and saved on the system.

Mandatory Fields are highlighted with *

They are: Record Date, Medical Card Number, Drug

The Patient's medical card number is required for data entry.

It is recommended in line with pharmacy practice that **only one month's supply** of drugs/medicines should be dispensed at any one time.

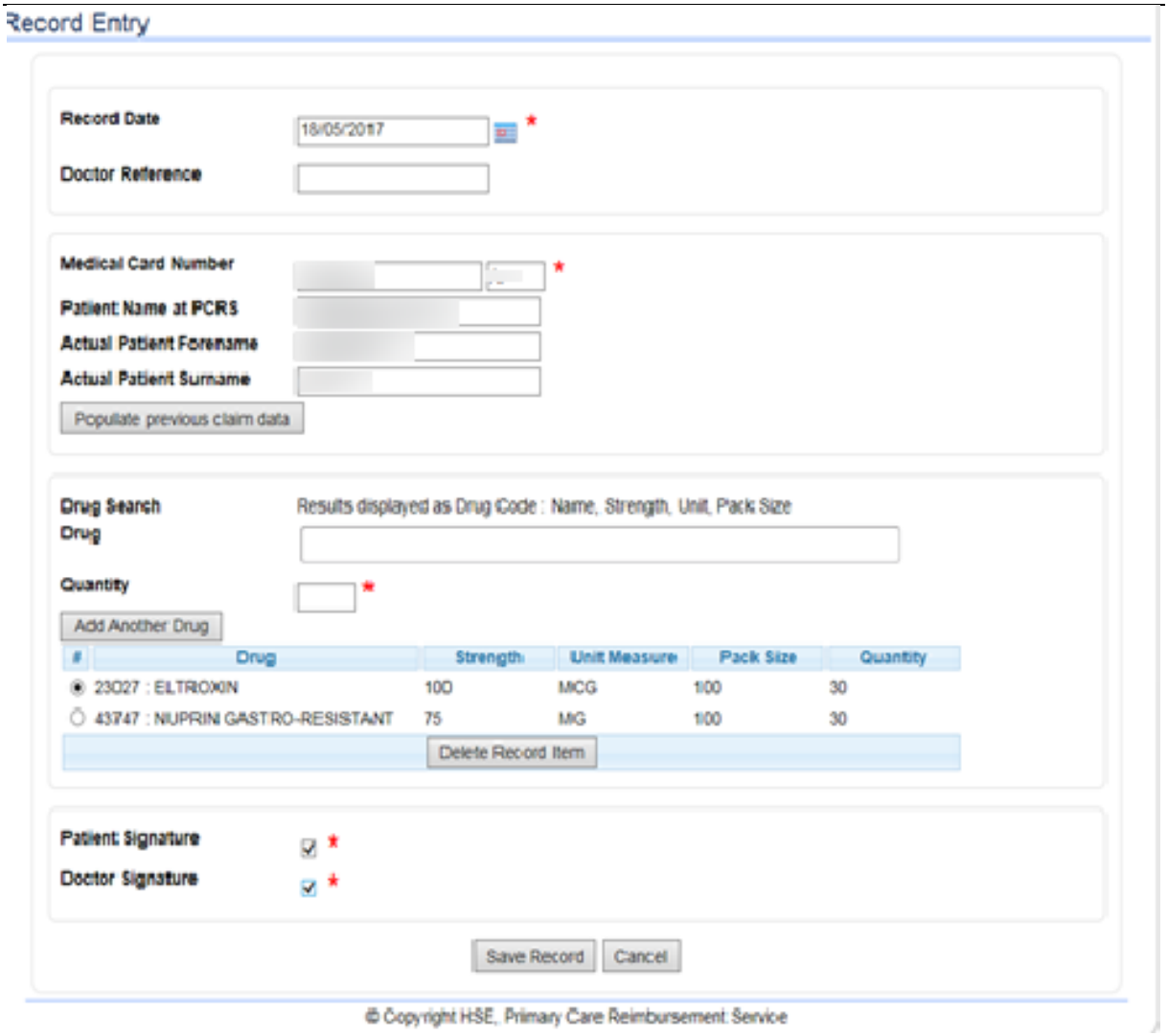
This page demonstrates that a number of drugs can be recorded simultaneously. Only products on the list of GMS reimbursable items are available for supply. It is therefore not possible for the doctor to add a drug to the list of reimbursable items.

As the screen holds 10 items it may be necessary for you to move to the next page in order to identify the product you require.

This page demonstrates where two items have been recorded for "Martha Johnston".

Please remember to save the record using the icon **Save Record** at the bottom of the screen.

If incorrect details have been entered it is possible to cancel by using the **Cancel** icon.


Record Entry
Record Date
18/05/2017
Doctor Reference
Medical Card Number
Patient Name at PCRS
Actual Patient Forename
Actual Patient Surname
Populate previous claim data
Drug Search
Results displayed as Drug Code : Name, Strength, Unit, Pack Size
Drug
Quantity
Add Another Drug
# Drug Strength Unit Measure Pack Size Quantity
23027 : ELTROXIN 100 MCG 100 30
43747 : NIUPRIN GASTRO-RESISTANT 75 MG 100 30
Delete Record Item
Patient Signature
Doctor Signature
Save Record
Cancel
© Copyright HSE, Primary Care Reimbursement Service

## 2.3 Printing of Patient Dispensing Record

Dispensing General Practitioners are required to comply with the requirement of their own and third party signature on the printed record of dispensing for all drugs/medicines dispensed.

**Record Review** allows you to generate the Dispensing Record as a pdf (Portable document format) A pdf document is independent from the HSE software system and allows you to download details of the record for printing, this allows for signing by you and the patient.

To create the record click **Download PDF**, then you are given a menu with:

- open with
- save file

Click on **Open with** and this will then allow you to Print.

# Patient Dispensing Records

User ID: 10000 01
No email address recorded for your account ( Add email )

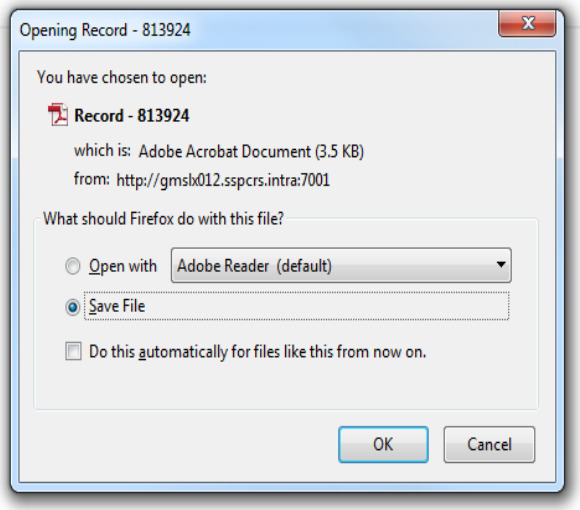
Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Welcome | Record Entry | Record Query | Drug Query | Logout

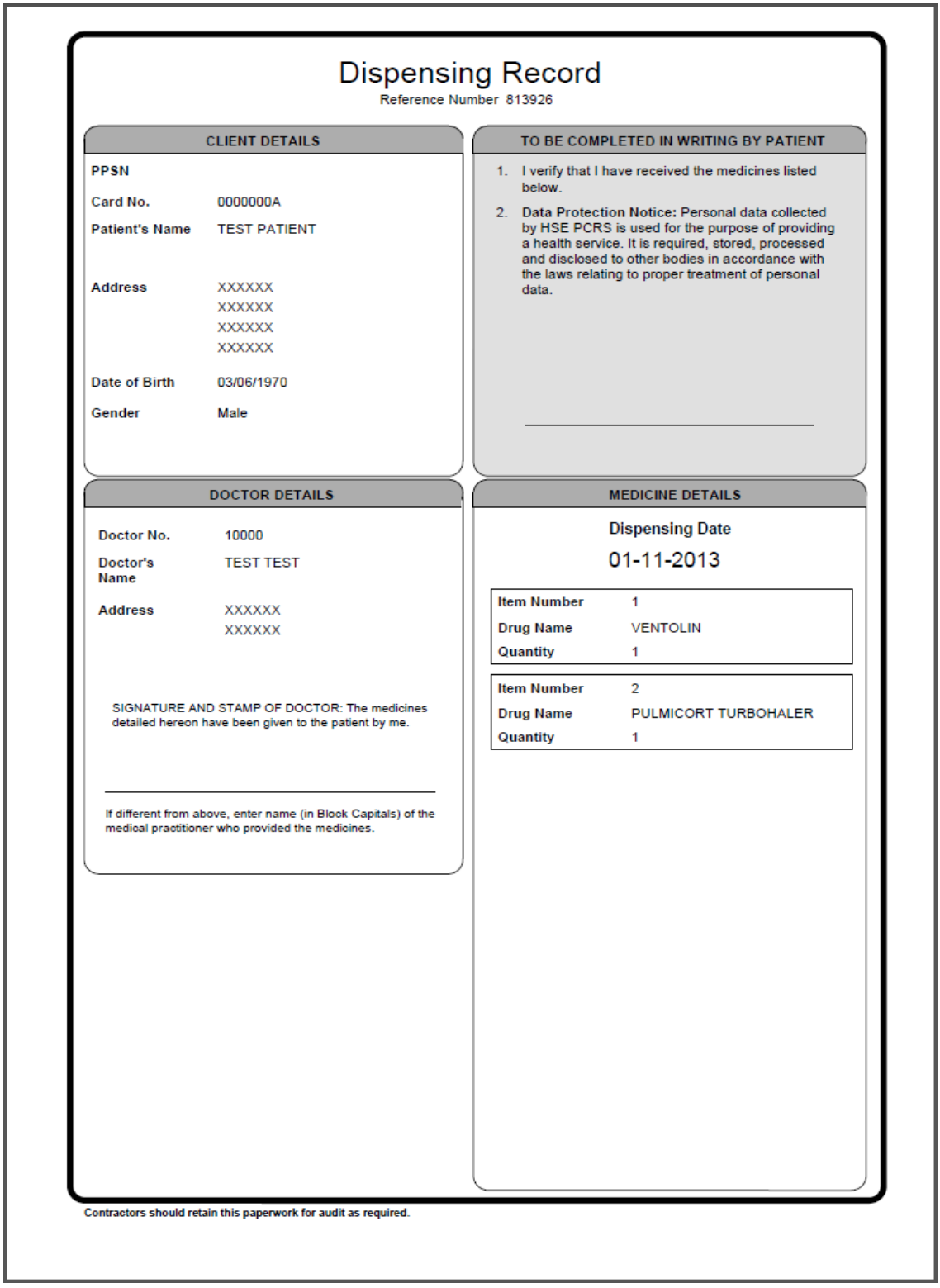
## Record Review

Click the link below to download the report.

Download PDF



Below is a sample of a printed record. This requires the signature of both the dispensing doctor and the patient. If the patient is not attending personally, the form may be signed by a relative or a nominated individual collecting the prescription on behalf of the patient. This paperwork should be retained for audit purposes.



# Dispensing Record

Reference Number 813926

**CLIENT DETAILS**

| | |
|---|---|
| **PPSN** | |
| **Card No.** | 0000000A |
| **Patient's Name** | TEST PATIENT |
| **Address** | XXXXXX<br>XXXXXX<br>XXXXXX<br>XXXXXX |
| **Date of Birth** | 03/06/1970 |
| **Gender** | Male |

**TO BE COMPLETED IN WRITING BY PATIENT**

1. I verify that I have received the medicines listed below.
2. **Data Protection Notice:** Personal data collected by HSE PCRS is used for the purpose of providing a health service. It is required, stored, processed and disclosed to other bodies in accordance with the laws relating to proper treatment of personal data.

_____

**DOCTOR DETAILS**

| | |
|---|---|
| **Doctor No.** | 10000 |
| **Doctor's Name** | TEST TEST |
| **Address** | XXXXXX<br>XXXXXX |

SIGNATURE AND STAMP OF DOCTOR: The medicines detailed hereon have been given to the patient by me.

_____

If different from above, enter name (in Block Capitals) of the medical practitioner who provided the medicines.

**MEDICINE DETAILS**

**Dispensing Date**

01-11-2013

| | |
|---|---|
| **Item Number** | 1 |
| **Drug Name** | VENTOLIN |
| **Quantity** | 1 |

| | |
|---|---|
| **Item Number** | 2 |
| **Drug Name** | PULMICORT TURBOHALER |
| **Quantity** | 1 |

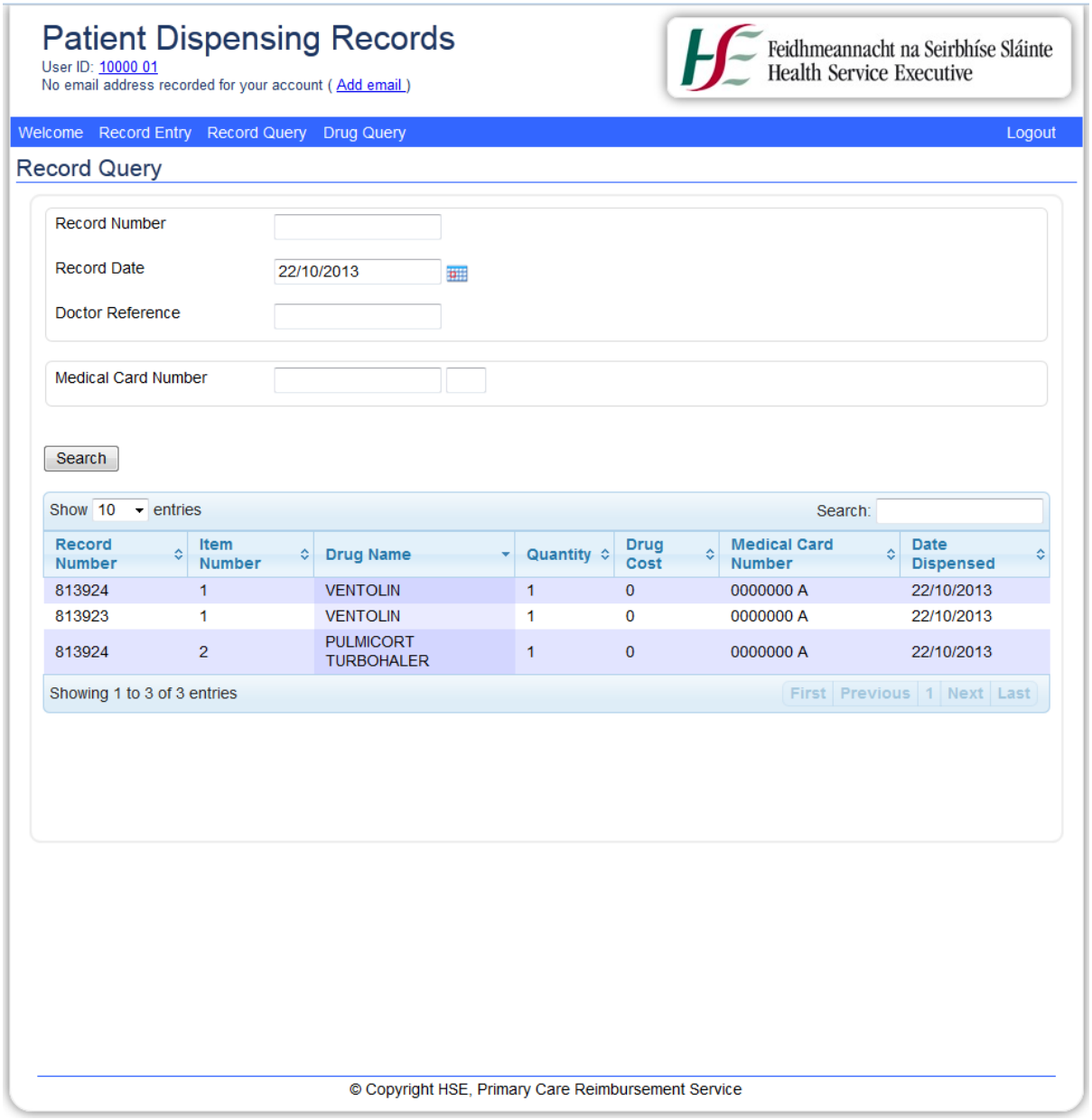
**Contractors should retain this paperwork for audit as required.**

## 2.4 Dispensing Record Query

**Record Query** allows you to query through a number of options:

- Record Number
- Record Date
- Doctor Reference
- Medical Card Number

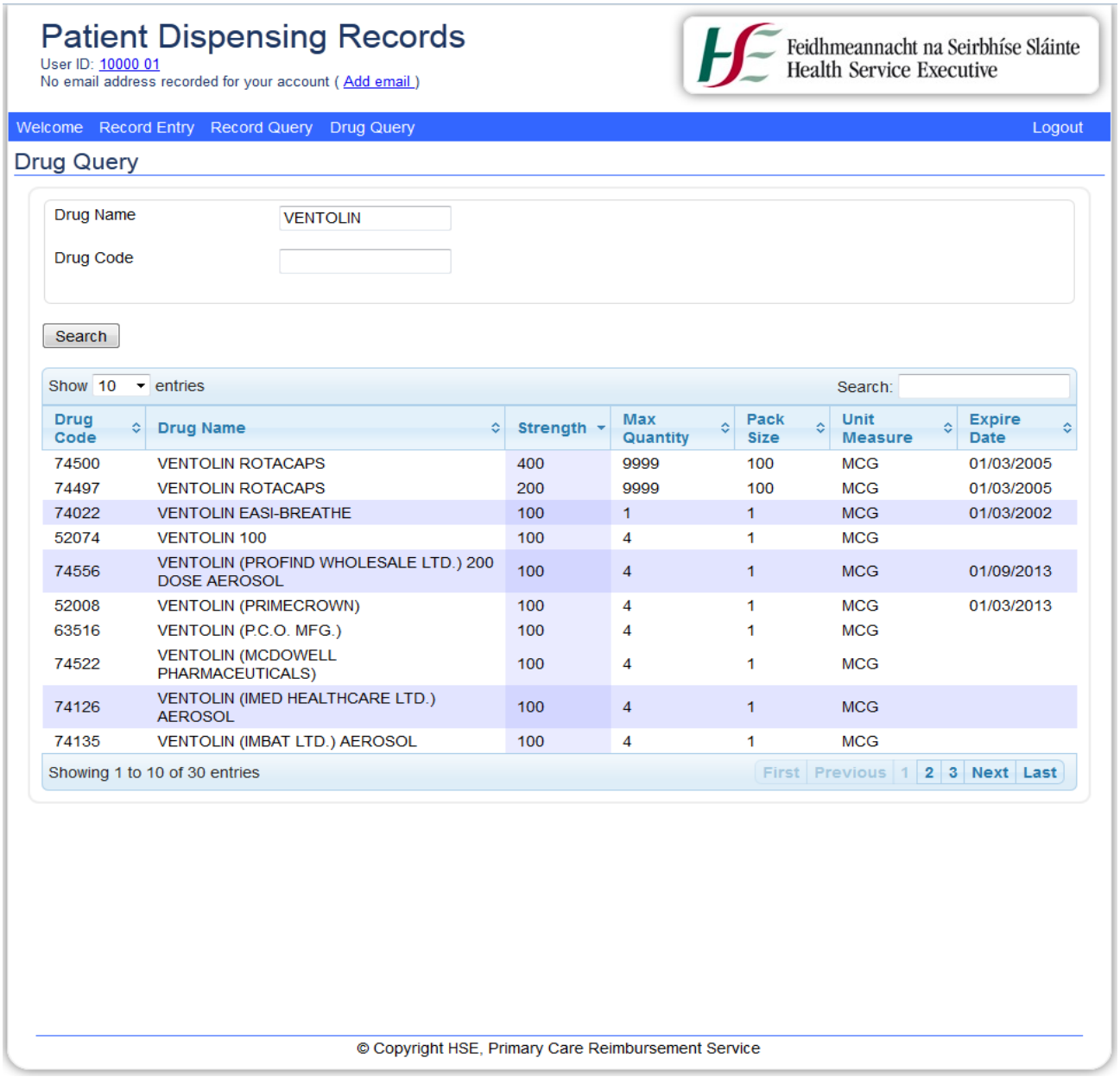
The example outlined displays information on records created on 22nd October, 2013.



## 2.5 Drug Query

The drug query screen allows the user to search for drugs that can be dispensed on the system. It reflects the List of GMS Reimbursable Items i.e those products which can be provided to GMS patients by Dispensing Doctors. Standard details such as pack size, strength & unit of measurement will be included.

This page demonstrates 10 entries on the screen. It shows entries on the drug file for ventolin. This screen allows you to move to the next page by clicking on **next** and allows you to move between pages.



**Further Queries**

If you have any queries on the Patient Dispensing Record please telephone Doctors Unit at 01 8647100 option 2.