

**GENERAL  
MEDICAL  
SERVICES  
(PAYMENTS)  
BOARD**



**Report for the  
year ended  
31st December  
1998**



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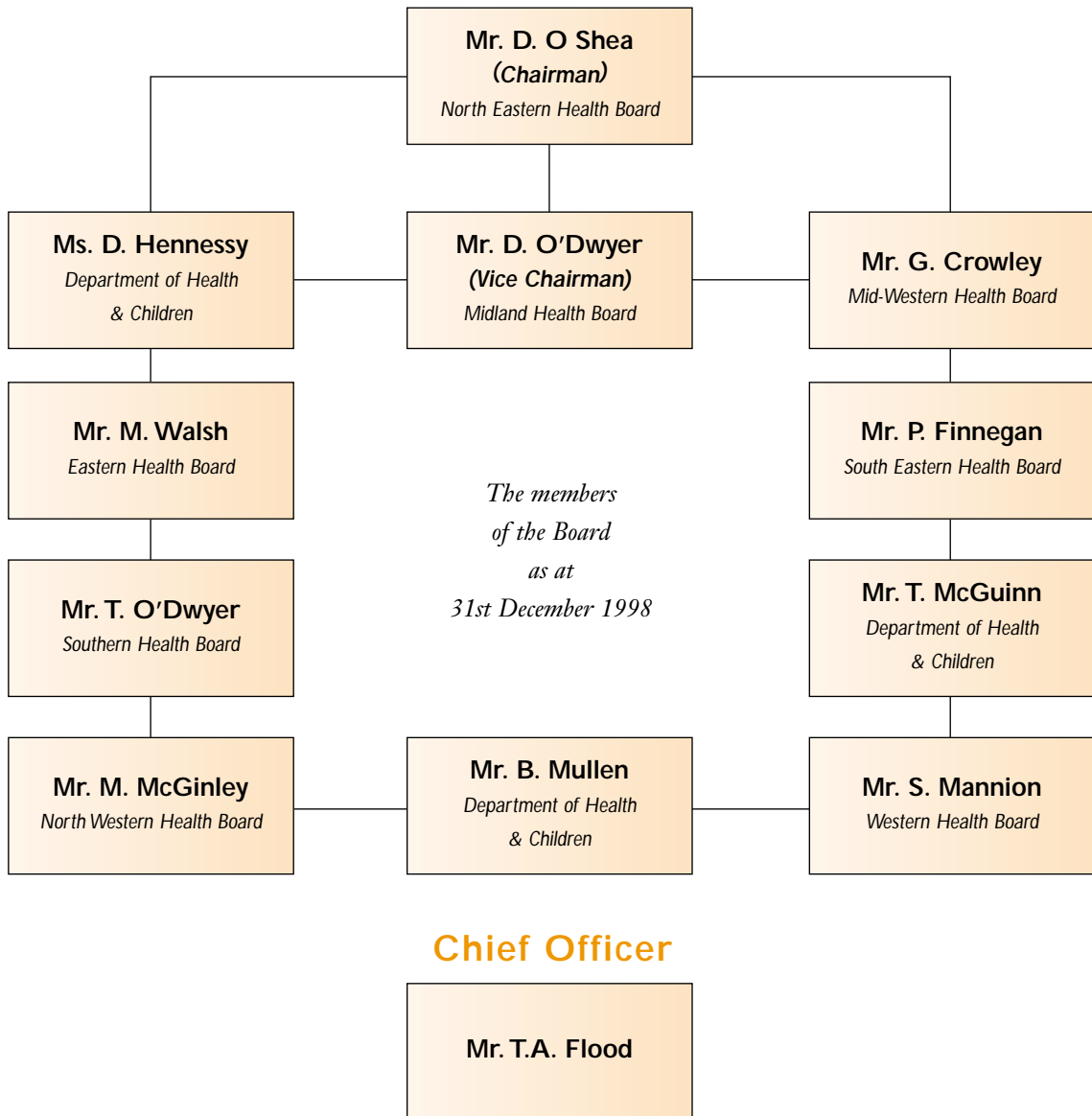
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## The Board



In the course of the year there were three changes to the membership of the Board. Mr. Ger Crowley, Programme Manager, Community Care was designated by the Chief Executive Officer of the Mid-Western Health Board to replace Mr. M. Duffy who had been a Board Member since January 1985. Mr. Peter Finnegan, Programme Manager, Community Care, South Eastern Health Board joined the Board in October replacing Mr. Tom Beegan who had been a Board Member since November 1996. Mr. T. O'Dwyer, Programme Manager, Community Care, Southern Health Board rejoined the Board in April replacing Ms. Mary Murphy who had served as a Board Member from October 1997 - Mr. O' Dwyer had previously been a member of the Board from January 1980 to January 1989. The Board is indebted to all former members for their contributions to the work of the Board but especially to Mr. Duffy who served as a member of the Board for 14 years. During this period Mr. Duffy contributed very generously of his time and talents to the benefit of the Board.



Mr D. O Shea



Mr T.A. Flood



Mr. D. O'Dwyer



Ms. D. Hennessy



Mr. M. Walsh



Mr. T. O'Dwyer



Mr. M. McGinley



Mr. B. Mullen



Mr. S. Mannion



Mr. T. McGuinn



Mr. P. Finnegan



Mr. G. Crowley

### **Constitution of the Board**

The General Medical Services (Payments) Board is a body corporate with perpetual succession and a common seal constituted by Order of the Minister for Health under Section 11 of the Health Act, 1970.

The Board consists of eleven members comprising:

- (a) one officer of each Health Board designated by the Chief Executive Officer of the Health Board and
- (b) three other persons appointed by the members referred to in (a).

### **Functions of the Board**

It is the duty of the Board to perform on behalf of the Health Boards the following functions in relation to the provision of services by General Practitioners, Pharmacists and Dentists under Sections 58, 59 and 67 (i) of the Health Act 1970:

- (a) the calculation of payments to be made for such services;
- (b) the making of such payments;
- (c) the verification of the accuracy and reasonableness of claims in relation to such services;
- (d) the compilation of statistics and other information in relation to such services.

## Chairman's Statement



*Mr Donal O Shea, Chairman*

I have pleasure in presenting the Report of the General Medical Services (Payments) Board for 1998 - a year in which all of the previous statistics relating to the number and the cost of claims of previous years were surpassed and when policy decisions were taken by the Board which will ensure that the Board is well positioned to continue to support participating Doctors, Pharmacists and Dentists, the Health Boards and the Department of Health & Children in the delivery and monitoring of Primary Care Services well into the new millennium.

As Chairman of the Board I share with my Board Member colleagues the responsibility for overseeing the discharge of the functions assigned to the Board under a number of Statutory Instruments. The day to day responsibilities for management of the Board's business activities are devolved to the Chief Officer and his staff who again in 1998 have responded very positively to all of the demands made on them in order to comply with revised contract terms and to Health Board and Department of Health & Children requirements. The decision of the Board to engage in a program of on-going development of its inhouse computer facilities - a process which was accelerated during 1998, ensures that there will be the capacity to cope with the additional numbers of over 70 year olds who will become eligible for GMS services during the year. When taken with users of the new Drugs Payment Scheme the Board will in time have almost the entire population on its Client index. The volume of data being processed by the system is increasing each month - more than 26.5m



data items were dealt with in 1998 with associated payments of more than £455m. The increased data volumes arose from increased activity under the Schemes which were extant at the start of the year and also from the revised arrangements for the supply of Methadone to registered persons and the revised Out-of-Hours arrangements for GPs under the GMS Scheme which were introduced in the course of the year.

The high degree of involvement with management in the planning and development of services of the various representative organisations and of individual service providers is a most welcome development and augurs well for the future. The Board has been involved with the Health Boards in negotiations with the Association of Optometrists of Ireland for the launch of Community Ophthalmic Schemes for eligible medical card persons - these negotiations have been concluded satisfactorily - the Schemes providing for sight testing and for the supply of spectacles will be launched in July 1999. The Board is also engaged in discussions which are on-going with the Irish Pharmaceutical Union on the administrative arrangements which must be in place for the launch of the Drugs Payment Scheme in July 1999.

The Board is indebted to all of the Doctors, Pharmacists and Dentists who look after the needs of the GMS population especially for their support and co-operation in enabling the Board to discharge its various roles in a timely and efficient manner. The staffs who work in these services are deserving of a special word of thanks - such people who,

on behalf of their principals interface with the Payments Board and Health Boards and who contribute in no small way to the maintenance of good working relationships between service providers and management. To the very many members of Health Board staffs with whom the staff of the Board interact on a daily basis and without whose willing support and co-operation the Board could not properly function I express my sincere thanks.

To my fellow Board Members I express my thanks and appreciation for their on-going support in furthering the objectives of the Board in the year under review.



**Mr Donal O Shea**  
*Chairman*

## Review and Outlook

### **The Move to Electronic Commerce and Other Information Technology Issues**

During the year the Board commenced an update to its Strategic Plan. This was prompted at a corporate level in order to review the changing role of the Board from the perspective of managing the throughput of so many different schemes and also with a view to identifying the most appropriate technologies to be deployed to underpin any new strategic vision.

This update to be completed in 1999, has as a business requirement the definition of a high-level technology vision, to support a business strategy which is evolving to a paperless environment capable of secure efficient processing in an area of growing demand and the use of intelligent business agents, to support management in the identification and analysis of current and projected trends and the reporting on exceptions to these trends.

Over the past two years the Board has engaged the Irish Pharmaceutical Union and pharmacy system suppliers in discussions with a view to commencing a pilot project to allow Pharmacists electronically submit GMS Scheme claims. Such pilot project has commenced and currently involves over 100 Pharmacists and is being expanded not least because of the impending implementation of a new Drugs Payment Scheme which will require electronic submission from the majority of the Board's pharmacy clients. The likely impact of such scheme on the Board's current systems is being evaluated.

The Board is also conscious of the need to ensure that in the area of electronic claiming the most appropriate standards and technology are used and to this end it has contracted with the Danish Centre for Health Telematics to support it in this work.

In the course of the year the Board also arranged for the specification of a system, on behalf of the

Department of Health & Children, for a new Methadone Scheme and this is currently being implemented.

The year also saw the implementation of amendments to the systems that support payments to General Practitioners and Dentists.

Among the most significant operational requirements in respect of its systems the Board, in common with all health agencies, continued to work through its plans in respect of Year 2000 and the changeover to the Euro. As the Board moves its systems to be Euro compliant all net payment figures show dual figures for comparison. The Board plans that all its systems will be Y2K compliant by September 1999 and has implemented changes to achieve this objective.

### **Prompt Payment of Accounts Act 1997**

The Prompt Payment of Accounts Act, 1997 came into force in January 1998. The Board is named under the Act as a purchaser which function is discharged on behalf of the Health Boards. The Board's clients are primarily Doctors, Pharmacists and Dentists who are contracted by Health Boards to supply services under the Health Act 1970. Compliance by the Board with the payment arrangements provided for in said contracts discharges the Board's statutory responsibility under the Act.

The arrangements in place for the submission of claims to the Board for payment and the processing of such claims by the Board are covered by the terms of the contracts between Health Boards and individual Doctors, Pharmacies and Dentists. Details relating to the submission of claims and the making of payments are contained in official circular letters – the terms of which are agreed with the representative organisations – such letters are an elaboration of contract terms.

There are two exceptional situations which can impact adversely on the Board's ability to meet its contractual obligations viz. when (i) the Board's masterfiles have not been updated by Health Boards so that a claim can be processed to finality and (ii) claim data is captured incorrectly by the Board at data entry stage. Either or both situations can cause an otherwise accurate/valid claim to be rejected for payment – the circumstances of such rejections being outside the control of claimants attracts payment of interest by the Board as provided for under the provisions of the Act.

#### **Public Accounts Committee**

The Chief Officer attended before the Public Accounts Committee on 12th February when the Board's Annual Financial Statements for the years 1995 and 1996 were examined.

Among the matters on which the Chief Officer was examined was the Comptroller and Auditor General's Report entitled "Value for Money Report on Prescribing Practices and the Development of General Practitioner Services". The Chairman of the Committee expressed his dissatisfaction at the number of prescription/claim forms containing illegible/invalid medical card numbers and instructed the Chief Officer to keep the Committee informed on how this unsatisfactory situation was being addressed. He also requested a written response to issues such as the procedures for the disposal of unused drugs together with information relating to the earnings under the GMS Scheme of GP and Pharmacy practices. A resumed examination to consider the Board's response took place on 17th September when the Committee expressed its satisfaction at the positive response received from the Board and following discussion the Chief Officer was advised that he would be asked to attend before the Committee again in September 1999 for the purpose of updating the Committee

on developments in hand and progress generally in areas recently examined by the Committee.

#### **Supply of Methadone**

The Methadone Protocol Pilot Scheme, which has been in operation since 1996, ceased with the coming into effect on July 1st 1998 of the Misuse of Drugs (Supervision of Prescription and Supply of Methadone), Regulations 1998.

The Board has been assigned responsibility for the payment of claims by Pharmacists and Doctors under the Scheme. The ongoing monitoring of the prescribing and dispensing trends under the Scheme is being carried out by the Department of Health & Children.

Doctors are paid a monthly Patient Care Fee whilst payments to Pharmacists are calculated on the ingredient cost element of the product and on dispensing fees which vary, depending on the circumstances of dispensing e.g. dispensing by supervised instalments would generate a higher level of payment than a single dispensing. Monthly expenditure incurred by the Board is recouped to the Board by the Health Boards.

#### **Dental Treatment Services Scheme**

During the course of the year an Operational Group which includes a Principal Dental Surgeon from each of the Health Boards, administrative Health Board personnel together with representatives of the Department of Health & Children and the General Medical Services (Payments) Board was established. The objective of the Group is to examine issues pertaining to the operation, monitoring and management of the Dental Treatment Services Scheme and the work of the group remains ongoing.

Proposals for a Patient Care Plan which would allow Dentists carry out an Oral Examination and up to two Above the Line items of treatment

without the need to seek prior Health Board approval planned for launch in October was put in abeyance to afford the Department of Health & Children and the Irish Dental Association time to deal with a number of issues which remained unresolved at year end.

### **Drugs Payment Scheme**

At year end a Scheme which would combine both the Drug Cost Subsidisation and Refund of Drugs Schemes into one scheme to be known as the Drugs Payment Scheme was under consideration. In order to achieve the objective of putting in place a more user friendly scheme to which all non GMS persons would have ready access it was planned that the Health Boards would register all such persons and that a Personal Public Service Number (PPSN) would be issued to each registered person which in turn would enable a system to be designed whereby an upper level of expenditure for individuals or family groups could be introduced. Using available card technology combined with a PPSN would enable this to be controlled and monitored.

### **Redesigned Medical Cards**

The decision to replace paper medical cards with laminated plastic cards on which the holders details would be embossed, announced in 1997, was implemented in the early months of this year. The old cards in each Health Board had all been replaced by end of May. Doctors and Dentists were supplied with 'imprinters' for use with the new cards for the transfer of legible valid data to prescription forms and claim forms. The indications based on samples of forms examined are that there are now fewer illegible Patient Numbers on Pharmacy Claims but the level of invalid patient numbers being quoted is not significantly different which could indicate that the 'valid to' date on cards is not understood or is being purposely overlooked. This aspect of the

use by Doctors of patient data is being kept under review by the Board.

### **Financial Statements**

The Accounts published in the report for 1998 are unaudited and may be subject to change. This position is unchanged from previous years.

The Accounts for 1997 have been audited by the Comptroller & Auditor General's staff – an unqualified report on his audit has been received by the Board. The Comptroller & Auditor General did however append a supplement to this report which referred to a level of payments to Pharmacists arising from invalid patient numbers entered on prescription forms by prescribers which, at claim processing stage, were found to be invalid. The decision of the Health Board Chief Executive Officers to introduce plastic medical cards with patient numbers embossed thereon was an initiative to deal with this problem – such cards are not in use long enough to form a view on their value – an initial response, based on a random sampling of forms, would be that 'legibility' of numbers has improved but there does not appear to be a significant change in the numbers of forms with invalid patient numbers.

### **Administration Costs**

Administration Costs of £6.7m accounted for less than 1.5% of total payments. The overall cost of administration includes the cost of the laminated plastic medical cards (£1.4m) which were introduced in the course of the year to reduce the level of claims on which patient data is illegible and also the number of claims with invalid patient data.



**Mr T.A. Flood**  
*Chief Officer*

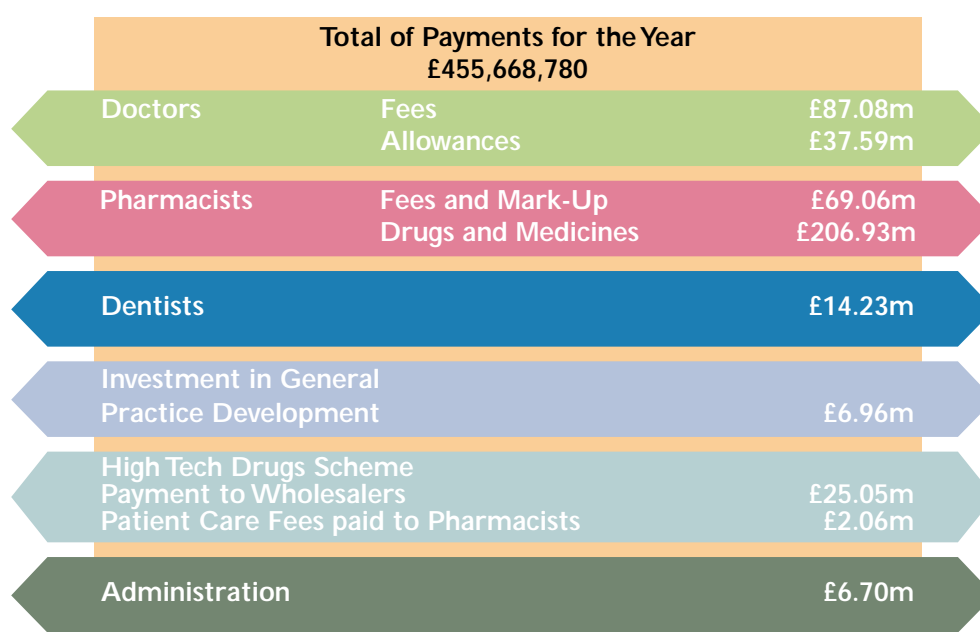
## Summary Statement of Activity During the Year

- ⊙ Payments in the year were in excess of £455m.
- ⊙ Claim data is processed and payments are made by the Board under the following Schemes:
  - General Medical Services (GMS);
  - Drug Cost Subsidisation (DCS);
  - Long Term Illness (LTI);
  - Dental Treatment Services (DTS);
  - European Economic Area (EEA);
  - High Tech Drugs (HTD);
  - Primary Childhood Immunisation;
  - Health (Amendment) Act 1996;
  - Methadone Treatment.
- ⊙ At year end there were almost 1.34m persons registered as being eligible to benefit under the General Medical Services, Drug Cost Subsidisation, Long Term Illness and Dental Treatment Services Schemes.
- ⊙ More than 88% of eligible GMS persons availed of GP, Pharmaceutical or Dental services provided by almost 4,000 Doctors, Pharmacists and Dentists.
- ⊙ In excess of 25m prescription items were paid for by the Board – an increase of over 1.5m items on 1997.
- ⊙ Fees and allowances paid to Doctors totalled £124.68m – this increased payment amount includes a special PCW increase related to the period 1994 – 1997.
- ⊙ GMS pharmacy claims cost £203.15m.
- ⊙ Other payments to Pharmacies totalled almost £74.9m:
  - DCS £47.2m;
  - LTI £23.2m;
  - EEA £0.9m;
  - Patient Care Fees under the High Tech Drugs Scheme £2.1m;
  - The Health (Amendment) Act 1996, Methadone Treatment Scheme and DTS prescriptions £1.5m.
- ⊙ Payments to Dentists under the DTS totalled £14.23m.
- ⊙ Administration costs in the accounting period of 1998 were £6.7m.
- ⊙ Claims processed are in respect of services provided in the community to 37% of the population.

## The Year 1998

Payments by the Board in the year under review totalled £455,668,780 - this compared to a total of £388,604,123 in 1997. Payments under the GMS, DCS and LTI Schemes to Pharmacies were £36m more than in the previous year. Fees and allowances to GPs increased by over £22m - £16.5m of this increase related to a payment of a special increase under the PCW of which £6.5m related to years prior to 1998. Dentists received increased payments of more than £2m. Investments by Health Boards in General Practice developments decreased by over £1m. Payments under the High Tech Drugs Scheme increased by £5.36m.

The increase in payments by the Board in 1998 reflects the increased level of Doctor/Dentist/Pharmacist/Patient contacts.



- © Allowances paid to Doctors include an amount of £4,950,396 paid as superannuation to Retired District Medical Officers and their dependants.
- © Fees to Doctors include an amount of £1.42m in respect of the Primary Childhood Immunisation Scheme, £0.13m in respect of the Health (Amendment) Act 1996, £0.19m in respect of the Methadone Treatment Scheme.
- © Payments to Pharmacists include an amount of £0.409m in respect of drugs/medicines dispensed under the Health (Amendment) Act 1996, an amount of £0.827m in respect of the cost of Methadone dispensed under the Methadone Treatment Scheme and an amount of £0.243m in respect of DTS prescriptions.
- © The corresponding figures for 1997 are -
  - Total of Payments £388,604,123.
  - Doctors' Fees £74.04m and Doctors' Allowances £28.14m.
  - Pharmacists' Fees and Mark-Up £65.05m, Drugs and Medicines £174.67m.
  - Payments to Dentists under the DTS Scheme were £11.76m.
  - Investment in General Practice Development was £8.44m.
  - High Tech Drugs Scheme: Payment to Wholesalers £20.18m; Patient Care Fees £1.57m.
  - Administration £4.76m.

## Number of Agreements

1,629 Doctors

1,168 Pharmacists

1,063 Dentists

The number of agreements between Health Boards and General Practitioners for the provision of services to GMS persons reflects the policy position agreed between the Department of Health & Children and the Irish Medical Organisation on entry to the GMS. In December 1998 there were 1,629 such agreements - this would not have been the total number of GPs providing services to GMS persons as many practitioners retain assistants who share in the work of their practices including the provision of services to GMS persons. There were 271 GPs who do not hold GMS agreements and who were registered as providing services under the Primary Childhood Immunisation Scheme and the Health (Amendment) Act 1996 at year end.

The number of pharmacy agreements extant at year end was 1,168 - a decrease of 18 over the number for 1997. The greatest decrease occurred in the Eastern Health Board (11) and in the Southern Health Board (8). Three Health Boards the Mid-Western, North Eastern and South Eastern each increased their number of agreements by one.

Dentists who had entered into agreements with Health Boards for the provision of Dental services to GMS persons increased in number from 1,047 to 1,063 in 1998. The numbers of DTS agreements increased in Eastern, Mid-Western and South Eastern Health Board areas - the greatest increase (24) occurred in the Mid-Western Health Board.

### Number of Agreements as at 31st December 1998

Health Board	Doctors	Pharmacists	Dentists
Eastern	504	387	321
Midland	99	65	62
Mid-Western	140	111	96
North Eastern	124	100	100
North Western	112	65	53
South Eastern	186	133	127
Southern	267	186	235
Western	197	121	69
<b>National</b>	<b>1,629</b>	<b>1,168</b>	<b>1,063</b>
Corresponding figures for 1997	1,641	1,186	1,047

*256 Dentists who are employees of Health Boards and who provide services under the Dental Treatment Services Scheme are included above.*



## Persons Eligible for Services

**GMS 1.184m**

**DCS 0.080m**

**LTI 0.071m**

Persons who are unable without undue hardship to arrange General Practitioner medical and surgical services for themselves and their dependants receive a free General Practitioner service under the GMS Scheme. An eligible person registers with the Doctor of his/her choice, from among the list of named Doctors who have entered into agreements with Health Boards. Drugs, medicines and appliances supplied under the Scheme are provided through Community Pharmacies. GMS prescription forms may be dispensed in any Pharmacy that has an agreement with a Health Board to dispense GMS prescription forms. In rural areas, where a Doctor has a centre of practice three miles or more from the nearest retail Pharmacy participating in the Scheme, the Doctor dispenses for those persons served from the centre who opt to have their medicines dispensed by him/her. The number of eligible GMS persons at year end was 1,183,554 which included 85,560 persons who were entitled and had opted to have their medicines dispensed by their GPs.

Under the terms of the Drug Cost Subsidisation Scheme persons who do not have a medical card and who are certified by a Doctor as having a regular and on-going requirement for prescribed medicines costing in excess of a specified amount per month, currently £32, for a medical condition not covered by the Long Term Illness Scheme when authorised by a Health Board do not have to pay more than the specified amount in their Pharmacy in a month. The balance is claimed by the Pharmacy and is paid by the Board.

On approval by Health Boards persons who suffer 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. The Board makes payments on behalf of Health Boards for LTI claims submitted by Pharmacies.

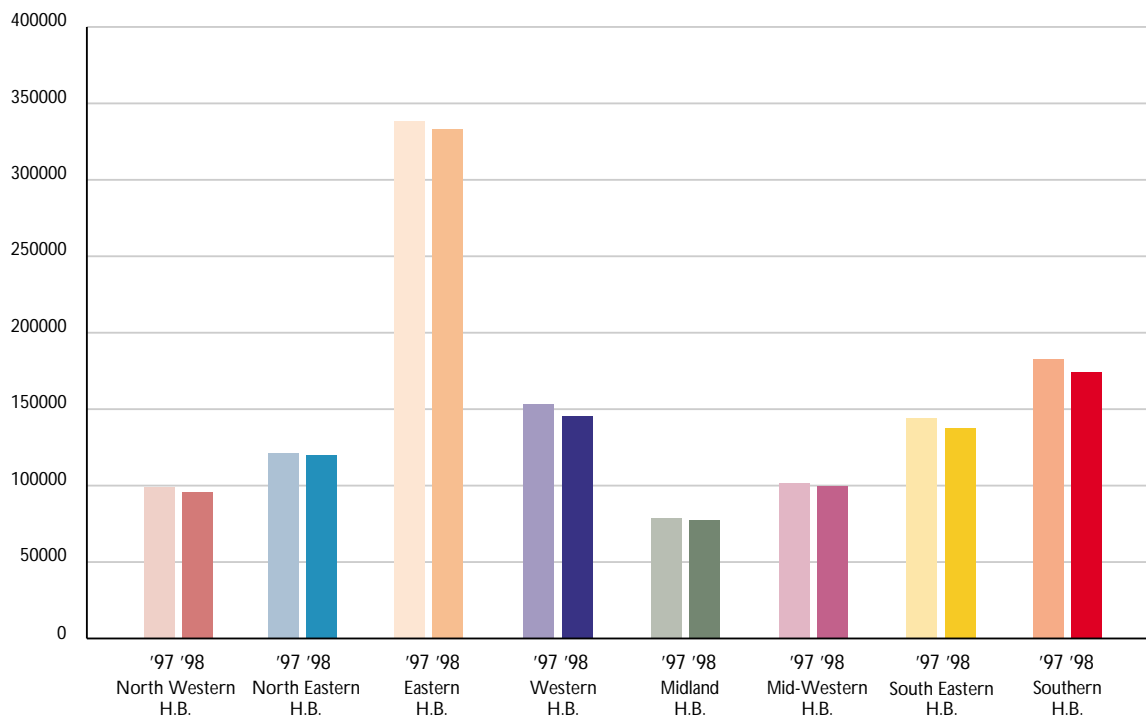
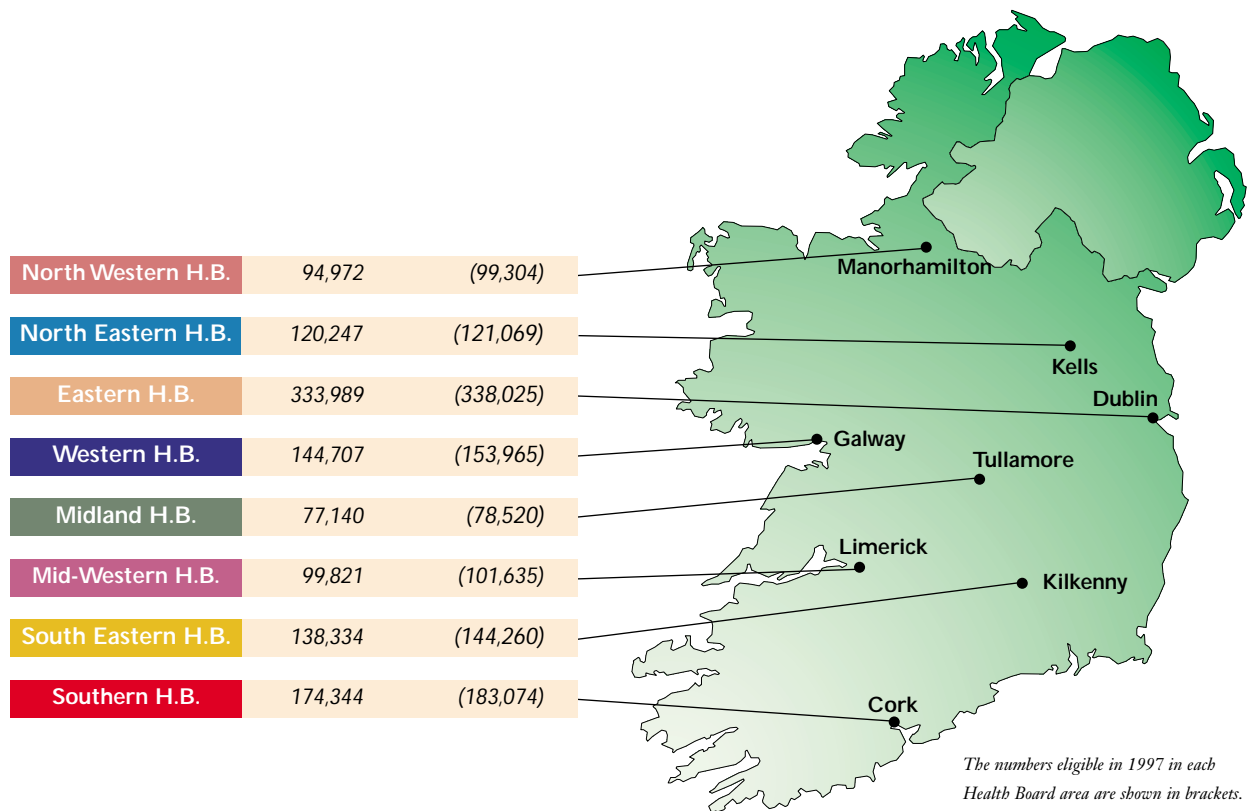
### Number of Eligible Persons as at 31st December 1998

Health Board	GMS	DCS	LTI
Eastern	333,989	29,943	35,116
Midland	77,140	3,946	2,666
Mid-Western	99,821	14,682	4,484
North Eastern	120,247	7,130	4,354
North Western	94,972	4,273	3,292
South Eastern	138,334	7,016	5,723
Southern	174,344	8,502	11,575
Western	144,707	4,801	4,230
<b>National</b>	<b>1,183,554</b>	<b>80,293</b>	<b>71,440</b>
<b>% of Population</b>	<b>31.95%</b>	<b>2.17%</b>	<b>1.93%</b>
Corresponding figures for 1997	1,219,852	57,221	66,696

*GMS - General Medical Services Scheme. DCS - Drug Cost Subsidisation Scheme. LTI - Long Term Illness Scheme.*



## Number of Persons Eligible under the GMS Scheme by Health Board as at December 1998



# Payments to Doctors

Fees £80.49m    Allowances £37.59m    DMO Salaries £0.42m  
Health Board Contributions to IMO Superannuation Scheme £6.17m

Payments to General Practitioners for services provided to GMS persons under agreements with Health Boards are categorised as fees or allowances. For the majority of GPs who operate under the 1989 agreement the principle fee item is the capitation per person weighted for gender, age and distance from Doctor's centre of practice - such capitation fees totalled £61,911,093 in 1998 - an increase of £6,335,362 over 1997. This includes an amount of £3,250,073 which related to a payment of a special increase under the PCW covering years prior to 1998. Fees totalling £1,722,196 were paid to 34 GPs who continue to provide services to their registered GMS persons under the Fee-Per-Item of service agreements.

Apart from 'Out-of-Hours' fees and fees for a range of special services the cost of services provided in normal hours by GPs for GMS persons, including the prescribing of necessary medicines, is encompassed by the capitation fee. All GMS persons can avail of full GP services and in many cases they can benefit from specialist clinics provided by GPs for issues such as Women's Health, Family Planning and Asthma.

In addition to a capitation fee an outside normal hours fee is payable when an eligible GMS person is seen by their GP or another GP acting on his/her behalf from 5pm in the evening to 9am on the following morning (Monday to Friday) and all hours on Saturdays, Sundays and Bank Holidays. The new extended hours came into operation in August 1998. The number of 'Out-of-Hours' claims increased to 390,160 in 1998 compared with 197,891 in 1997 - and the cost of such claims increased to £9,676,402 from £4,638,654 in 1997. Special fees are payable for a range of 14 services such as excisions, suturing, catheterization, family planning etc. (refer to page 28 for full list of special items) - special fees totalling £2,312,797 were paid in 1998.

Annual and Study Leave together with locum, nursing, and secretarial support plus other practice support payments account for most of the £37,590,255 allowances paid in the year. The total paid in 1997 was £28,141,976.

## Total of Payments to Doctors by Health Board

Health Board	1998
Eastern	£30,805,487
Midland	£8,748,164
Mid-Western	£10,960,526
North Eastern	£12,106,493
North Western	£10,629,651
South Eastern	£15,119,188
Southern	£19,694,699
Western	£16,608,983
<b>National</b>	<b>£124,673,191</b>
Corresponding figure for 1997	£102,179,373

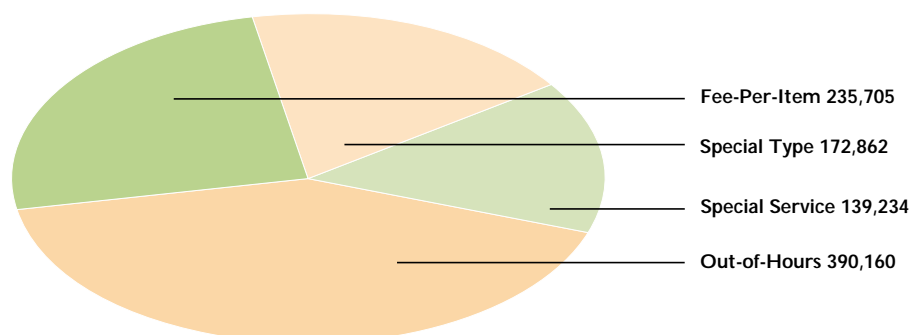
*The total of payments to Doctors in the Midland, Mid-Western, Southern and Western Health Boards includes payments of £1.4m under the Primary Childhood Immunisation Scheme; £0.1m to Doctors who provided services under the Health (Amendment) Act 1996 and £0.2m under the Methadone Treatment Scheme.*

**IMO** - Irish Medical Organisation    **DMO** - District Medical Officer

*For details of Fees and Allowances payable refer to pages 28-29.*

## Volume of Claims by Doctors

### National - Number Of Claims - 1998



### Number of Claims in each Health Board

Health Board	Fee-Per-Item	Special Type	Special Service	Out-of-Hours
Eastern	120,648	41,598	23,105	75,231
Midland	-	14,970	11,171	32,385
Mid-Western	54,918	16,635	9,935	28,746
North Eastern	-	11,053	10,684	39,121
North Western	-	16,263	15,273	33,084
South Eastern	10,649	17,251	18,050	50,224
Southern	45,403	26,233	25,186	74,728
Western	4,087	28,859	25,830	56,641
<b>National</b>	<b>235,705</b>	<b>172,862</b>	<b>139,234</b>	<b>390,160</b>
Corresponding figures for 1997	242,428	158,946	137,979	197,891

A majority of Doctors are paid an annual capitation fee for each eligible person - the rate of payment is determined by the age/gender of the person and distance between each person's residence and the centre of practice of their Doctor-of-Choice.

A minority of Doctors (34) who have continued to provide services under the Fee-Per-Item of Service agreement are paid a fee for each Doctor/Patient contact.

STC - A Special Type Consultation fee is payable when a GMS eligible person is unable to contact their registered Doctor and is seen as an emergency case by another.

General Practitioners qualify for payment of 'special fees' for the special items of service separately identified under the Capitation agreement and the Fee-Per-Item agreement.

# Payments to Pharmacies

GMS £203.15m

DCS £47.25m

LTI £23.24m

EEA £0.87m

A GMS person who is provided with a properly completed prescription form by his/her GP can choose to have such prescription forms dispensed in any of the 1,168 Pharmacies who have entered into agreements with Health Boards for the provision of services under Section 59 of the Health Act, 1970.

In 1998 there were 9.5m such prescription forms containing almost 20.7m prescription items dispensed at a cost of over £196m i.e. an average cost of £9.47 per dispensed item. More than 87% of all eligible GMS persons were prescribed for in the year. The average cost of medicines per GMS person in 1998 was £168.40.

Payments made to Pharmacies under the GMS and DTS Schemes are inclusive of the ingredient cost of medicines, dispensing fees and VAT.

Under DCS, LTI and EEA Schemes Pharmacies are also reimbursed the ingredient cost of items dispensed; dispensing fees and VAT; a markup of 50% on the ingredient cost of items dispensed is also paid.

The cost of the High Tech Drugs Scheme introduced in November 1996, was £27.107m; at year end there were 14,243 persons registered under this Scheme - Patient Care Fees totalled £2.060m and payments for drugs and medicines totalled £25.047m.

## Total of Payments to Pharmacies by Health Board

Health Board	GMS £	DCS £	LTI £	*EEA £
Eastern	58,745,858	20,225,273	10,081,251	138,110
Midland	13,409,393	2,463,515	1,064,096	41,371
Mid-Western	18,542,423	5,889,058	1,506,982	72,677
North Eastern	19,864,819	3,553,653	1,954,682	60,485
North Western	14,961,220	2,546,421	1,232,427	150,631
South Eastern	22,717,760	4,243,707	2,333,600	94,870
Southern	30,765,170	5,707,268	3,359,068	156,863
Western	24,146,110	2,624,592	1,706,961	150,392
<b>National</b>	<b>£203,152,753</b>	<b>£47,253,487</b>	<b>£23,239,067</b>	<b>£865,399</b>
Corresponding figures for 1997	£182,645,515	£35,859,106	£19,721,634	£776,380

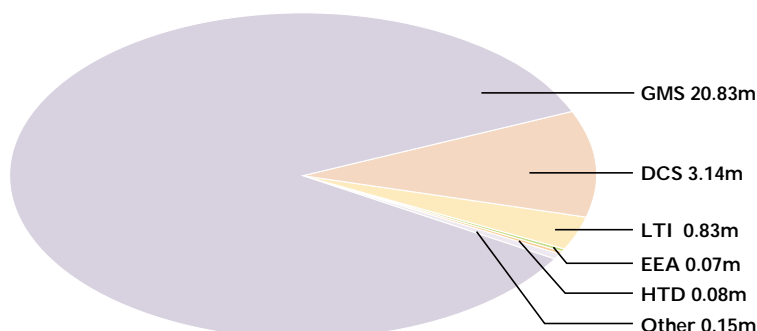
\* EEA - Payment to Pharmacies to cover the cost of GMS prescriptions dispensed for visitors from the European Economic Area.

Pharmacies were also paid in respect of the drugs/medicines dispensed under: Health (Amendment) Act 1996 - £409,322; Methadone Treatment Scheme - £826,926; DTS Scheme - £242,522 and Patient Care Fees totalling £2,060,113 under the High Tech Drugs Scheme.

For details of Fees refer to page 30

## Volume of Pharmacy Claims

### National - Number of Items - 1998



GMS prescription forms processed for payment in the year totalled 9.475m - the total of prescribed items was almost 20.7m - these accounted for approximately 83% of all items paid for by the Board in 1998.

Approximately 47% of forms contained a single item; almost 24% contained 2 items - the average number of items per form was 2.18 (1997 - 2.13).

The increase in the volume of DCS claims in the year was exceeded only by the increase in the number of GMS pharmacy claims. GMS dispensed items paid for by the Board in 1998 increased by more than 750,000 - the increase in the number of DCS items was more than 620,000 - the overall increase in the number of pharmacy claims processed by the Board in the year was over 1.5m.

### Number of Items in each Health Board

Health Board	GMS	DCS	LTI	EEA	HTD	*Other
Eastern	6,117,673	1,325,262	357,707	12,830	27,897	81,107
Midland	1,385,180	166,492	39,915	3,455	4,133	5,118
Mid-Western	1,932,346	398,076	58,879	6,548	6,074	8,400
North Eastern	1,974,472	236,422	75,884	5,135	7,797	7,876
North Western	1,383,116	161,194	45,391	12,467	6,455	5,498
South Eastern	2,376,121	293,032	82,272	8,143	9,232	13,764
Southern	3,380,078	391,276	121,013	13,931	9,964	16,137
Western	2,277,063	163,935	52,477	12,360	8,015	8,743
<b>National</b>	<b>20,826,049</b>	<b>3,135,689</b>	<b>833,538</b>	<b>74,869</b>	<b>79,567</b>	<b>146,643</b>
Corresponding figures for 1997	20,073,147	2,511,983	770,679	70,949	62,069	98,537

\* This group includes 26,970 claim items in respect of the Health (Amendment) Act 1996; 48,895 items under the Methadone Treatment Scheme and 70,778 prescription items under the DTS Scheme.

**GMS** - General Medical Services Scheme. **DCS** - Drug Cost Subsidisation Scheme. **LTI** - Long Term Illness Scheme. **EEA** - European Economic Area. **HTD** - High Tech Drugs Scheme. **Other** - Methadone Treatment Scheme, Health (Amendment) Act 1996 and Dental Treatment Services Scheme.

# Payments to Dentists

Emergency £4.92m  
Below the Line £1.92m

Above the Line £4.90m  
Dentures £2.46m

Dentists were paid a total of £14,203,654 in 1998 in respect of treatments provided for more than 136,000 GMS persons under the DTS Scheme.

The following treatments were available to the age categories indicated.

**EMERGENCY TREATMENT** for the control of pain, haemorrhage or the sequelae to trauma is available to all eligible persons aged 16 years and over and should normally be limited to one tooth or one treatment type.

**ROUTINE** - Routine treatments are categorised as either 'Above the line' or 'Below the line'

'Above the line' treatments are uncomplicated procedures.

'Below the line' treatments are advanced procedures.

Above the line treatments are available to eligible persons aged 16 - 34 years and aged 65 years and over provided Health Board approval has issued.

Below the line treatments – prior Health Board approval for a specific course of treatment for persons aged 16-34 years\* and aged 65 years\* and over is required under this category.

\* The age category is not applicable if claim is a follow up to an endodontic emergency treatment.

**DENTURE** - Full denture treatment is available, with prior Health Board approval, to all edentulous GMS persons over 16 years.

## Payments to Dentists in each Health Board

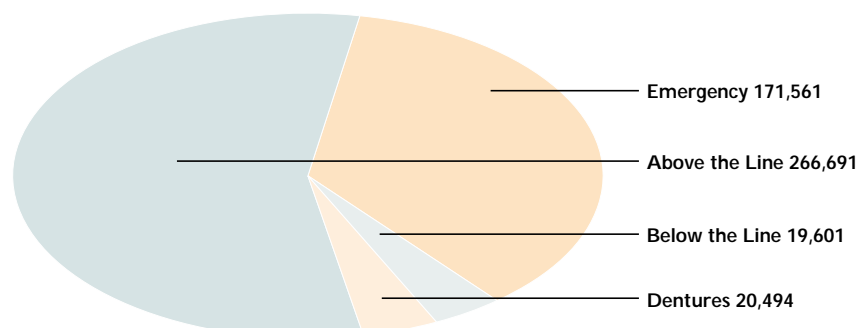
Health Board	1998
Eastern	£2,990,364
Midland	£1,070,838
Mid-Western	£1,250,378
North Eastern	£1,460,945
North Western	£1,076,869
South Eastern	£1,677,375
Southern	£2,643,590
Western	£2,033,295
<b>National</b>	<b>£14,203,654</b>
Corresponding figure for 1997	£11,755,864

Dentists were also paid a total of £30,447 in 1998 in respect of treatments under the Health (Amendment) Act 1996.

For details of Fees refer to page 31.

## Volume of Claims by Dentists

### National - 1998



### Volume of Treatments by Dentists in each Health Board

Health Board	Emergency	Above the Line	Below the Line	Dentures	No. of persons treated under DTS
Eastern	43,935	49,891	3,408	3,475	34,128
Midland	12,627	19,805	1,753	1,750	9,505
Mid-Western	15,924	19,952	1,288	2,251	11,851
North Eastern	15,983	28,025	2,304	2,108	13,254
North Western	10,140	22,026	1,254	1,998	9,612
South Eastern	21,065	30,916	2,346	2,816	16,689
Southern	33,908	49,472	4,662	3,365	24,575
Western	17,979	46,604	2,586	2,731	16,883
<b>National</b>	<b>171,561</b>	<b>266,691</b>	<b>19,601</b>	<b>20,494</b>	<b>136,497</b>
Corresponding figures for 1997	148,638	198,156	12,629	18,992	128,434

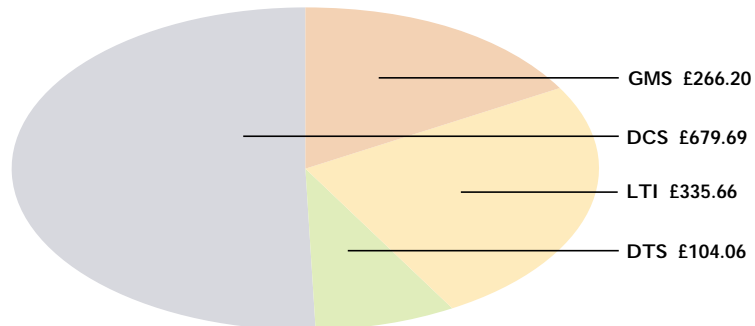
*ROUTINE* - Routine treatments are categorised as either 'Above the line' or 'Below the line'.

'Above the line' treatments are uncomplicated procedures.

'Below the line' treatments are advanced procedures.

## Cost per Eligible Person

### National - 1998



### Cost per Eligible Person in each Health Board

Health Board	GMS			DCS	LTI	DTS per person treated (£)
	Doctor Cost (£)	Pharmacy Cost (£)	Total Cost (£)	Pharmacy Cost (£)	Pharmacy Cost (£)	
Eastern	86.99	171.13	258.12	759.01	294.75	87.62
Midland	105.54	172.62	278.16	764.59	423.61	112.66
Mid-Western	99.91	183.17	283.08	465.61	350.30	105.51
North Eastern	95.60	164.02	259.62	586.60	462.54	110.23
North Western	105.72	156.02	261.74	702.46	388.41	112.03
South Eastern	101.80	161.23	263.03	736.63	426.62	100.51
Southern	102.41	173.19	275.60	733.21	296.63	107.57
Western	104.67	162.43	267.10	694.70	423.98	120.43
National	£97.80	£168.40	£266.20	£679.69	£335.66	£104.06
Corresponding figures for 1997	£81.07	£146.94	£228.01	£633.27	£299.74	£91.46

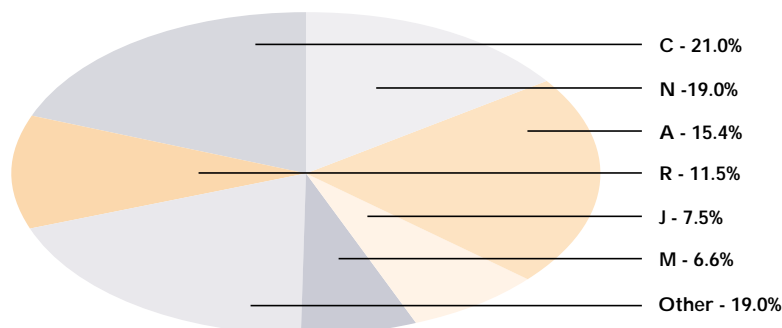
*The Doctor cost above does not include £4.95m in superannuation paid to retired DMOs.*

Medical and pharmaceutical services delivered to GMS persons increased in cost by £38.19 per eligible persons - the cost of medical services per person increased by almost 21% and pharmaceutical services increased by almost 15% - in the two most recent years medical services increased by 11% and 5.3% and pharmaceutical services increased by 10% and 7.6% respectively. The major part of the cost increase of medical services in the year under review arose from the special agreement under the PCW and the revised arrangements introduced in the course of the year for Out-of-Hours services.



## Major Therapeutic Classification of Drugs, Medicines and Appliances - GMS

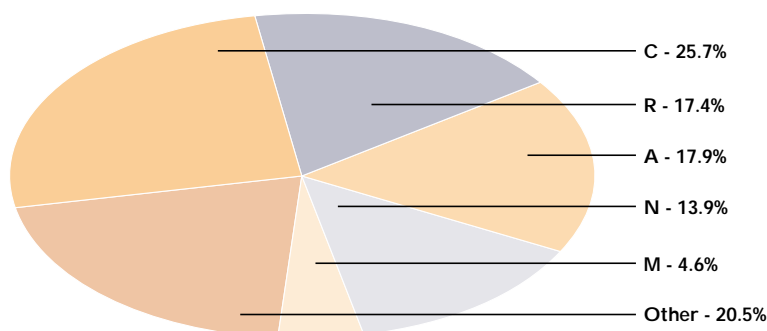
### National - 1998



Major Therapeutic Classification		£m	%
<b>A</b>	Alimentary Tract and Metabolism	31.34	15.4
<b>B</b>	Blood and Blood Forming Organs	3.46	1.7
<b>C</b>	Cardiovascular System	42.76	21.0
<b>D</b>	Dermatologicals	6.05	3.0
<b>G</b>	Genito Urinary System and Sex Hormones	7.25	3.6
<b>H</b>	Systemic Hormonal Preps. excl. Sex Hormones	1.98	1.0
<b>J</b>	General Anti-infectives for Systemic Use	15.16	7.5
<b>L</b>	Antineoplastic and Immunomodulating Agents	1.62	0.8
<b>M</b>	Musculo-Skeletal System	13.31	6.6
<b>N</b>	Nervous System	38.67	19.0
<b>P</b>	Antiparasitic Products	0.73	0.4
<b>R</b>	Respiratory System	23.39	11.5
<b>S</b>	Sensory Organs	4.19	2.1
<b>V</b>	Clinical Nutritional Products	5.56	2.7
	Ostomy/Urinary Requisites	3.59	1.8
	Diagnostic Products	2.22	1.1
	Needles/Syringes/Lancets	0.77	0.4
	Dressings	0.76	0.3
	Miscellaneous	0.34	0.1
<b>Total</b>		<b>£203.15m</b>	<b>100.0%</b>

## Major Therapeutic Classification of Drugs, Medicines and Appliances - DCS

### National - 1998

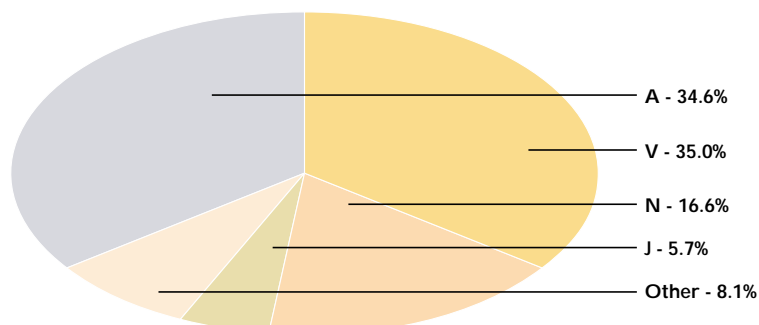


Major Therapeutic Classification		£m	%
<b>A</b>	Alimentary Tract and Metabolism	11.32	17.9
<b>B</b>	Blood and Blood Forming Organs	0.79	1.2
<b>C</b>	Cardiovascular System	16.29	25.7
<b>D</b>	Dermatologicals	1.61	2.5
<b>G</b>	Genito Urinary System and Sex Hormones	2.39	3.8
<b>H</b>	Systemic Hormonal Preps. excl. Sex Hormones	0.37	0.6
<b>J</b>	General Anti-infectives for Systemic Use	2.20	3.5
<b>L</b>	Antineoplastic and Immunomodulating Agents	0.96	1.5
<b>M</b>	Musculo-Skeletal System	2.89	4.6
<b>N</b>	Nervous System	8.79	13.9
<b>P</b>	Antiparasitic Products	0.04	0.1
<b>R</b>	Respiratory System	11.04	17.4
<b>S</b>	Sensory Organs	0.72	1.1
<b>V</b>	Ostomy/Urinary Requisites	1.79	2.8
	Clinical Nutritional Products	1.26	2.0
	Dressings	0.35	0.6
	Diagnostic Products	0.12	0.2
	Miscellaneous	0.39	0.6
<b>Total</b>		<b>£63.32m</b>	<b>100.0%</b>

Note: The above costs are inclusive of the monthly payment of £32 payable to the Pharmacy by the Patient.

## Major Therapeutic Classification of Drugs, Medicines and Appliances - LTI

National - 1998



Major Therapeutic Classification		£m	%
<b>A</b>	Alimentary Tract and Metabolism	8.05	34.6
<b>B</b>	Blood and Blood Forming Organs	0.07	0.3
<b>C</b>	Cardiovascular System	0.78	3.3
<b>D</b>	Dermatologicals	0.08	0.4
<b>G</b>	Genito Urinary System and Sex Hormones	0.12	0.5
<b>H</b>	Systemic Hormonal Preps. excl. Sex Hormones	0.32	1.4
<b>J</b>	General Anti-infectives for Systemic Use	1.32	5.7
<b>L</b>	Antineoplastic and Immunomodulating Agents	0.05	0.2
<b>M</b>	Musculo-Skeletal System	0.16	0.7
<b>N</b>	Nervous System	3.85	16.6
<b>P</b>	Antiparasitic Products	-	-
<b>R</b>	Respiratory System	0.26	1.1
<b>S</b>	Sensory Organs	0.04	0.2
<b>V</b>	Diagnostic Products	4.56	19.6
	Clinical Nutritional Products	1.65	7.1
	Needles/Syringes/Lancets	1.11	4.8
	Ostomy/Urinary Requisites	0.24	1.0
	Nutritional Devices	0.17	0.7
	Miscellaneous	0.41	1.8
<b>Total</b>		<b>£23.24m</b>	<b>100.0%</b>

## Summary of Statistical Information relating to the GMS Scheme for each of the five years 1994-1998

	1998	1997	1996	1995	1994
Number of Eligible Persons in December	1,183,554	1,219,852	1,252,385	1,277,055	1,286,813
<b>Doctors</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>
Total Payments	*£122,945	£100,769	£95,169	£91,903	£89,446
Doctors' Payment per Person	£97.80	£81.07	£72.91	£69.24	£67.48
<b>Pharmacies</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>
Total Cost of Prescriptions	£196,094	£176,005	£162,471	£153,239	£141,012
Ingredient Cost	£153,301	£135,972	£125,337	£117,623	£108,072
Dispensing Fee	£38,751	£36,364	£33,268	£31,926	£29,494
VAT	£4,042	£3,669	£3,866	£3,690	£3,446
Number of Forms	9,475	9,356	9,160	9,191	8,740
Number of Items	20,696	19,944	19,131	18,879	17,906
Cost per Form	£20.70	£18.81	£17.74	£16.67	£16.13
Cost per Item	£9.47	£8.82	£8.49	£8.12	£7.88
Ingredient Cost per Item	£7.41	£6.82	£6.55	£6.23	£6.04
Items per Form	2.18	2.13	2.09	2.05	2.05
	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>
Total Cost of Stock Orders	£7,059	£6,640	£6,509	£6,373	£6,446
Ingredient Cost	£5,434	£5,107	£4,998	£4,902	£4,961
Pharmacy Fees	£1,359	£1,278	£1,250	£1,226	£1,240
VAT	£266	£255	£261	£245	£245
	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>
Overall Cost of Medicines	£203,153	£182,646	£168,980	£159,612	£147,458
Pharmacy Payment per Person	£168.40	£146.94	£133.72	£124.32	£115.01
<b>Overall Payment per Person</b>	<b>£266.20</b>	<b>£228.01</b>	<b>£206.63</b>	<b>£193.56</b>	<b>£182.49</b>

Doctors' payment per person is exclusive of superannuation paid to retired DMOs.

\* Arrears of Fees and Allowances under the PCW amounting to £6,496,815 for the years 1994 to 1997 paid in 1998 are included above.

## Summary of Statistical Information relating to the DCS and LTI Schemes for each of the five years 1994-1998

	1998	1997	1996	1995	1994
<b>DCS Scheme</b>					
Number of Eligible Persons in December	80,293	*57,221	71,660	60,111	46,926
Average Number of Claimants	48,587	38,816	31,843	26,287	21,056
	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>
Number of Items	3,136	2,512	2,053	1,690	1,340
Gross Cost	£63,325	£48,788	£39,282	£31,223	£24,018
Net Cost	£47,253	£35,859	£28,689	£22,527	£17,082
Gross Cost per Item	£20.19	£19.42	£19.14	£18.47	£19.92
Gross Cost per Claimant	£1,303.33	£1,256.93	£1,233.62	£1,187.75	£1,140.70
Net Cost per Claimant	£972.56	£923.83	£900.93	£856.96	£811.30
Net Cost per Person	£679.69	£633.27	£433.58	£415.25	£408.62
<b>LTI Scheme</b>					
Number of Eligible Persons in December	71,440	66,696	64,205	60,754	57,137
Average Number of Claimants	25,712	24,124	22,815	21,741	20,693
	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>
Number of Items	834	771	726	691	653
Total Cost	£23,239	£19,722	£17,633	£16,273	£14,649
Cost per Item	£27.88	£25.59	£24.27	£23.55	£22.41
Cost per Claimant	£903.82	£817.53	£772.87	£748.56	£694.58
Cost per Person	£335.66	£299.74	£281.47	£275.21	£262.83

\* Ineligible persons on eligible DCS cards were excluded in 1997.

## Fees and Allowances under Capitation Agreement

### Capitation Fees as at 31st December 1998

Ages	Up to 3 Miles		3-5 Miles		5-7 Miles		7-10 Miles		Over 10 Miles	
	Male £	Female £	Male £	Female £	Male £	Female £	Male £	Female £	Male £	Female £
Up to 4	38.94	37.98	41.00	40.06	44.06	43.13	47.08	46.16	50.83	49.89
5-15	22.60	22.86	23.46	23.71	24.72	25.00	25.94	26.21	27.48	27.71
16-44	28.85	47.17	29.96	48.29	31.61	49.92	33.22	51.27	35.20	53.52
45-64	57.62	63.31	60.29	65.98	64.23	69.91	68.11	73.81	72.95	78.62
65 and over	60.70	67.71	68.12	75.14	79.14	86.16	89.96	96.99	103.42	110.45

<b>Supplementary Out-of-Hours Payment</b> (per person per annum)	£1.90	Night	<b>Midnight to 8.00 a.m.</b>		<i>* Special Items of Service.</i>
<b>Out-of-Hours Payment</b> Surgery	£23.57	Urban	Up to 3 miles	£24.70	(i) Excisions/Cryotherapy/ Diathermy of Skin Lesions.
<i>Domiciliary</i> Up to 3 miles	£23.57	3-5 miles	5-7 miles	£31.75	(ii) Suturing of Cuts and Lacerations.
3-5 miles	£31.45	7-10 miles	Over 10 miles	£40.18	(iii) Draining of Hydroceles.
5-7 miles	£35.40	<b>Emergency Fee (Additional to Standard Fee)</b>		£44.82	(iv) Treatment and Plugging of Dental and Nasal Haemorrhages.
7-10 miles	£39.29	<b>EEA Residents (Additional to Standard Fee)</b>		£49.27	(v) Recognised Vein Treatment.
Over 10 miles	£47.16	<b>Rural Dispensing Fee</b>		£7.17	(vi) ECG Tests and their Interpretation.
Additional Fee	£18.39	<b>Fee for Second Medical Opinion</b>		£7.39	(vii) Instruction in the fitting of a Diaphragm.
<b>*Special Items of Service</b>		<b>Practice Payments for Rural Areas</b>		£7.17	(viii) Removal of Adherent Foreign Bodies from the Conjunctival Surface of the Eye.
(i) to (ix)	£14.74	Rural Practice Allowance Per Annum		£15.72	(ix) Removal of Lodged or Impacted Foreign Bodies from the Ear, Nose and Throat.
(x) and (xi)	£22.12	<b>Practice Support</b>		£7,860.98	(x) Nebuliser Treatment in the case of Acute Asthmatic Attack.
(xii)	£36.87	Allowance for Practice Secretary Per Annum		£8,847.69	(xi) Bladder Catheterization.
(xiii)	£25.56	Allowance for Practice Nurse Per Annum		£15,073.70	(xii) Attendance at case conferences (in cases where such are convened by a DCC/MOH).
(xiv)	£40.90	<b>Contributions to Locum Expenses</b> (Subject to the conditions of the agreement)			(xiii) Advice and Fitting of a Diaphragm.
	+Mileage	Annual Leave	_____	Up to a maximum of £820.61 per week	(xiv) Counselling and Fitting of an IUCD.
<b>Temporary Residents</b>		Sick Leave	_____		
<i>Surgery Consultations</i>		Study Leave	_____	Up to a maximum of £117.23 per day	
Day Normal Hours	£6.52	Maternity Leave	_____		
Late Outside Normal Hours other than (Night)	£9.28	<b>Contributions to Medical Indemnity Insurance</b>			
Night Midnight to 8.00 a.m.	£18.39	Calculation of contribution is related to GMS panel numbers and net premium.			
<i>Domiciliary Consultations</i>					
Day <b>Normal Hours</b>					
Urban	£9.65				
Up to 3 miles	£9.65				
3-5 miles	£12.62				
5-7 miles	£16.95				
7-10 miles	£21.22				
Over 10 miles	£26.50				
Late <b>Outside Normal Hours</b>					
Urban	£12.62				
Up to 3 miles	£12.62				
3-5 miles	£16.28				
5-7 miles	£21.22				
7-10 miles	£28.18				
Over 10 miles	£33.09				

## Fees and Allowances under Fee-Per-Item Agreement and Fees under Immunisation Scheme, Health (Amendment) Act 1996 and Methadone Treatment Scheme

		<b>As at 31st December 1998</b>
<b>Surgery Consultations</b>		
Day	Normal Hours	£6.49
Late	Outside Normal Hours other than (Night)	£9.23
Night	Midnight to 8.00 a.m.	£18.26
<b>Domiciliary Consultations</b>		
Day	<b>Normal Hours</b>	
	Urban	£9.58
	Up to 3 miles	£9.58
	3-5 miles	£12.54
	5-7 miles	£16.85
	7-10 miles	£21.12
	Over 10 miles	£26.41
Late	<b>Outside Normal Hours</b>	
	Urban	£12.54
	Up to 3 miles	£12.54
	3-5 miles	£16.23
	5-7 miles	£21.12
	7-10 miles	£28.06
	Over 10 miles	£32.91
Night	<b>Midnight to 8.00 a.m.</b>	
	Urban	£24.59
	Up to 3 miles	£24.59
	3-5 miles	£31.61
	5-7 miles	£39.98
	7-10 miles	£44.61
	Over 10 miles	£48.43
<b>Emergency Fee/EEA Fee (Additional to Standard Fee)</b>		£7.10
<b>Dispensing Fee</b>		£7.10
<b>Rural Practitioner's Allowance</b>		
Per Annum		£4,186.12
<b>Locum and Practice Expense Allowance</b>		
Per Annum		£814.93
<b>Sessional Rate - Homes for the Aged</b>		
Per 3 Hour Session		£43.50
<b>Immunisation Fees</b>		
(i)	Registration of child with a GP	£16.36
(ii)	Complete course of immunisation against DPT/DT; Hib; Polio and MMR	£54.53
(iii)	95% uptake bonus	£16.36
<b>Health (Amendment) Act 1996</b>		
Surgery Fee		£18.00
Domiciliary Fee		£24.00
<b>Methadone Treatment Scheme</b>		
Patient Care Fee: - Up to a maximum per month of		£83.33

## Scale of Fees Payable to Participating Pharmacists as at 31st December 1998

GMS Scheme	p
<b>Standard Fee-Per-Item</b> (Note 1)	177.05
<b>Extemporaneous Fee</b>	354.10
<b>Extemporaneous dispensing and compounding of</b>	
- Powders	1062.30
- Ointments and Creams	708.20
<b>Controlled Drugs</b>	284.49
<b>Non-Dispensing - Exercise of professional judgement</b>	177.05
<b>Phased Dispensing - each part of phased dispensing</b>	177.05
<b>Urgent/Late Dispensing</b>	
Additional fee for Urgent/Late dispensing other than between midnight and 8.00 a.m. (Note 2)	492.09
Additional fee for Urgent/Late dispensing between midnight and 8.00 a.m.	1015.82
<b>Repeat Prescriptions</b>	
Each part of Repeat Set	62.45
<b>Note 1</b>	147.63p basic fee and 29.42p allowance for containers, obsolescence etc.
<b>Note 2</b>	Urgent fee prescriptions are those so specified by the prescriber and necessarily dispensed outside normal hours. Late fee prescriptions are those which, though not marked urgent, are in exceptional circumstances necessarily dispensed outside normal hours by the Pharmacist, having regard to the person's requirements.
<b>Note 3</b>	A Standard Fee-Per-Item is also payable on prescription forms issued by Dentists under the DTS Scheme.
<b>Supplies to Dispensing Doctors</b>	Pharmacies supplying Dispensing Doctors are reimbursed on the basis of the basic trade price with the addition of 25% on cost.
<b>DCS/LTI/EEA Schemes and Health (Amendment) Act 1996</b>	
<b>Reimbursement of ingredient cost plus 50% mark-up on ingredient cost plus Standard Fee - 160.00p (Note 1)</b>	
Extemporaneously dispensed preparations are reimbursed at current private prescription rates. In the case of the Drug Cost Subsidisation Scheme the Board makes payments to Pharmacies in respect of authorised Patients whose monthly costs of prescribed drugs and medicines are in excess of the specified monthly amount (currently £32) payable to the Pharmacy by the Patient.	
<b>Note 1</b> The standard fee is an all inclusive fee which includes container and broken bulk allowance.	
<b>High Tech Medicines Scheme</b>	
<b>Patient Care Fee: £30.44 per month.</b>	
<b>Methadone Treatment Scheme</b>	
<b>Patient Care Fee: Up to a Maximum of £30.44 per month.</b>	



## Scale of Fees Payable under the Dental Treatment Services Scheme

Treatment Type	As at 31st December 1998		
	Routine £	Emergency £	Full Denture £
Oral Examination	17.55	-	17.55
Prophylaxis	16.45	-	-
Restoration (Amalgam)	16.40	29.60	-
Restoration (Composite) 6 anterior teeth only	26.25	39.50	-
Exodontics (Extraction under local anaesthetic)	19.75	30.70	-
Surgical Extraction - Max 3 units:			
Fee payable for first 15 minute unit	18.65	29.60	-
Fee payable for 2nd and 3rd 15 minute unit	18.65	18.65	-
Apicectomy/Amputation of Roots	*Dentist Estimate	-	-
Endodontics (First stage - Emergency)	*Dentist Estimate	43.85	-
Protracted Periodontal Treatment	*Dentist Estimate	-	-
<b>Radiographs</b>			
1 Film	13.15	-	-
2 or more Films	19.80	-	-
Panoramic	21.95	-	-
<b>Miscellaneous</b>			
(e.g. Biopsy, Haemorrhage, Dressings etc.)	10.95	-	-
Dry Socket/Haemorrhage (Emergency)	-	10.95	-
Acute Gum Condition	-	16.45	-
<b>Prosthetics</b>			
Full Upper or Lower Denture (Other than Edentulous Persons)	164.40	-	-
Partial Upper or Lower Acrylic Denture	120.60	-	-
Complete Upper or Lower Reline	65.80	-	-
Complete Upper and Lower Reline	109.60	-	-
<b>Denture Repairs</b>			
1st Item of Repair	24.05	24.05	-
Each Subsequent Item	7.70	7.70	-
Maximum	39.50	39.50	-
Full Upper and Lower Denture (Edentulous Persons Only)	-	-	241.20
Full Upper or Lower Denture (Edentulous Persons Only)	-	-	164.40

\* Dentist Estimates are subject to agreement between a Dentist and a Health Board.



**Financial  
Statements  
for year ended  
31st December  
1998**

**GENERAL  
MEDICAL  
SERVICES  
(PAYMENTS)  
BOARD**





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## General Medical Services (Payments) Board

### Board Members

Mr. D. O Shea	North Eastern Health Board (Chairman)
Mr. D. O'Dwyer	Midland Health Board (Vice Chairman)
Mr. B. Mullen	Department of Health & Children
Mr. M. Walsh	Eastern Health Board
Mr. T. O'Dwyer	Southern Health Board
Mr. M. McGinley	North Western Health Board
Mr. G. Crowley	Mid-Western Health Board
Mr. P. Finnegan	South Eastern Health Board
Mr. T. McGuinn	Department of Health & Children
Mr. S. Mannion	Western Health Board
Ms. D. Hennessy	Department of Health & Children

### Chief Officer

Mr. T. A. Flood

### Auditor

Comptroller & Auditor General  
Dublin Castle  
Dublin 2

### Bankers

Bank of Ireland  
Phibsborough  
Dublin 7

## Statement of Board Members' Responsibilities for year ended 31st December 1998

The Board is required by the General Medical Services (Payments) Board (Establishment) Order, 1972 to prepare financial statements for each financial year which give a true and fair view of the state of the affairs of the General Medical Services (Payments) Board and of the income and expenditure for that period.

In preparing those statements, the Board is required to -

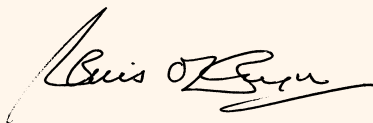
- ⊙ select suitable accounting policies and apply them consistently
- ⊙ make judgements and estimates that are reasonable and prudent
- ⊙ disclose and explain any material departures from applicable accounting standards
- ⊙ prepare the financial statements on a going concern basis unless it is inappropriate to presume that the General Medical Services (Payments) Board will continue in existence.

The Board is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the General Medical Services (Payments) Board and which enable it to ensure that the financial statements comply with the Order. It is also responsible for safeguarding the assets of the General Medical Services (Payments) Board and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

On behalf of the Board



Donal O Shea, Chairman



Denis O'Dwyer, Vice Chairman

## Accounting Policies

The Board was set up to make payments on behalf of the Health Boards for General Practitioner and Pharmaceutical services and Dental treatment, which the Health Boards provide to qualifying persons under the Health Act 1970. The Board is reimbursed their direct costs together with the administration costs incurred in operating the payments service as set out in Note 1 to the Accounts.

### Basis of Accounting

The accounts have been prepared on an accruals basis to reflect the costs of medicines and medical services provided, and the administration costs incurred in the year, and the matching income receivable to fund these costs.

### Doctors Fees and Allowances

Most services from Doctors are provided under an agreement concluded in 1989. Fees are mainly based on capitation taking into account the age of the patient and the distance from the surgery.

### Pharmaceutical Services

Payments to Pharmacists are made under service agreements -

- © in the case of medical card holders under an agreement with Health Boards concluded in 1996
- © in the case of other schemes a revised service agreement has been concluded with Health Boards.

With effect from August 1996 claims are subject to third party confirmation.

### Dental Treatment Services Scheme

Payments under this heading comprise amounts paid to Dentists operating as private practitioners in respect of dental treatment provided for GMS

patients. The balance of such treatment is provided directly by Health Boards.

### Fixed Assets and Depreciation

Fixed Assets are stated at cost less accumulated depreciation.

Depreciation is provided for on all fixed assets in order to write off the cost or valuation of the assets over their anticipated useful lives. The following rates of Depreciation have been applied on a straight line basis.

Furniture, Fixtures & Fittings	10%
Information Technology	20%
Library	10%
Office Equipment	10%

### Superannuation

#### Staff

A Superannuation Scheme operated by the Board is in accordance with the Local Government Superannuation Act, 1956 as amended. Benefits are met from current income as they arise. Superannuation deductions are retained by the Board and included in Other Income.

#### Doctors

A contribution of 10% of capitation payments is made by the Board towards the superannuation of participating doctors.



## Income and Expenditure Account for year ended 31st December 1998

	Notes	1998 £	1997 £
<b>Income</b>			
Recoupment from Department of Health & Children and Health Boards	1	451,724,345	383,002,240
Rebate from Pharmaceutical Manufacturers		5,261,741	5,727,825
Other Income	2	255,980	245,219
<b>Total Income</b>		<b><u>457,242,066</u></b>	<b><u>388,975,284</u></b>
<b>Expenditure</b>			
Administration	3	6,618,669	4,803,230
Doctors' Fees and Allowances	4	128,691,452	107,753,558
Pensions paid to former DMOs or Dependants	5	4,478,016	2,795,456
Pharmaceutical Services	6	302,528,175	261,122,738
Dental Treatment Services Scheme	7	14,234,280	11,878,342
Depreciation	9	161,044	242,790
<b>Total Expenditure</b>		<b><u>456,711,636</u></b>	<b><u>388,596,114</u></b>
<b>Surplus/(Deficit) for Year</b>		530,430	379,170
Accumulated fund at 1st January		2,821,622	2,442,452
Accumulated fund at 31st December		<b><u>3,352,052</u></b>	<b><u>2,821,622</u></b>

Notes 1-13 form part of these accounts

## Balance Sheet as at 31st December 1998

		1998		1997	
	Notes	£	£	£	£
<b>Fixed Assets</b>	9		413,075		467,475
<b>Current Assets</b>					
Debtors	10	139,394,399		101,605,305	
Stocks on Hand	11	2,938,977		2,354,147	
Cash		86		102	
		<u>142,333,462</u>		<u>103,959,554</u>	
<b>Current Liabilities</b>					
Creditors	12	75,762,860		68,758,642	
Bank		63,631,625		32,846,765	
		<u>139,394,485</u>		<u>101,605,407</u>	
<b>Net Current Assets</b>			<u>2,938,977</u>		<u>2,354,147</u>
<b>Net Assets</b>			<u><u>3,352,052</u></u>		<u><u>2,821,622</u></u>
Represented by:					
<b>Accumulated Fund</b>			<u><u>3,352,052</u></u>		<u><u>2,821,622</u></u>

Notes 1-13 form part of these accounts

## Notes to the Financial Statements

### 1. Recoupment from Department of Health & Children/Health Boards

The Health Boards fund the cost of the following schemes administered by the Board: Drug Cost Subsidisation Scheme; Long Term Illness Scheme; Dental Treatment Services Scheme; Childhood Immunisation Scheme; High Tech Drugs Scheme in respect of Non-GMS patients and Methadone Treatment Scheme. Funding for the other schemes and services administered by the Board, as well as the Boards administration costs, is provided by the Department of Health & Children, on behalf of the Health Boards. The sums provided were:

	1998	1997
	£	£
Department of Health & Children	349,811,758	305,171,657
Health Boards	101,912,587	77,830,583
	<u>451,724,345</u>	<u>383,002,240</u>

### 2. Other Income

	1998	1997
	£	£
Superannuation Deductions from GMS Staff	109,132	106,950
Superannuation Deductions from former District Medical Officers	28,250	40,396
Bank Interest and Sundries	118,598	97,873
	<u>255,980</u>	<u>245,219</u>

### 3. Administration Expenditure

	1998	1997
	£	£
Staff Remuneration	2,558,767	2,340,456
Health Board Stationery	1,943,213	799,171
Computer Development	233,173	281,003
Premises Rent and Services	205,698	245,770
Office Supplies, Printing and Stationery	284,833	200,431
Bank Interest/Charges	361,053	123,256
Repairs and Maintenance (Equipment & Premises)	325,622	194,130
Postage and Telephone	459,008	215,070
Journals and Periodicals	84,593	131,314
Medical Training Courses	10,090	93,079
Legal Expenses	-	(20,000)
Audit Fee	20,000	19,890
Bad Debts	7,159	82,845
Sundry Administration	125,460	96,815
	<u>6,618,669</u>	<u>4,803,230</u>

## Notes to the Financial Statements

4. Doctors' Fees & Allowances	1998	1997
	£	£
<b>Fees</b>		
Capitation	61,610,280	55,030,410
Board's contribution to Doctors Superannuation Scheme	6,208,187	5,613,934
Special Type Consultations/Special Services	4,382,769	4,115,009
Out-of-Hours Fees	9,672,324	4,622,230
Fee-Per-Item Services	1,708,354	1,610,648
Dispensing Fees	604,962	600,427
Registration/Vaccination Fees	1,448,986	1,108,490
Methadone	190,455	-
Other Payments	130,818	121,380
	<u>85,957,135</u>	<u>72,822,528</u>
<b>Allowances</b>		
Leave (Annual/Sick/Study/Maternity)	4,829,021	3,688,312
Rural Practice Allowance	1,128,725	1,372,754
Practice Support	11,708,325	9,237,898
Rostering/Out-of-Hours Payments	5,162,063	4,755,213
Practice Equipment Payment	3,441,523	3,170,390
Locum & Practice Expenses	24,853	25,697
Medical Indemnity Insurance	941,193	1,063,956
Practice Support Grant	1,611,641	1,601,148
Pilot Study Savings	(15,583)	22,971
Drug Target Refunds	8,519,594	8,575,856
IMO Agreement: Allowance Arrears	3,248,742	-
One in One Rotas	500,000	-
Third Year Trainees	220,000	-
	<u>41,320,097</u>	<u>33,514,195</u>
<b>Salaries</b>		
Salaries and Lump Sums to District Medical Officers	1,414,220	1,416,835
<b>Total Doctors' Fees &amp; Allowances</b>	<u><u>128,691,452</u></u>	<u><u>107,753,558</u></u>

### 5. Payments To Former District Medical Officers/Dependants

The Board made superannuation payments to 319 former District Medical Officers or their dependants. These payments arose from the officer status with Health Boards of the Doctors and their entitlement to hold General Practitioner contracts.

6. Pharmaceutical Services	1998	1997
	£	£
Pharmacists GMS Claims	203,367,853	182,834,710
DCS/LTI Claims	70,505,627	55,554,602
EEA Claims	865,677	775,641
HTD Claims	26,552,767	21,431,610
Other Claims	409,325	318,076
Methadone Treatment Claims	826,926	208,099
	<u>302,528,175</u>	<u>261,122,738</u>

## Notes to the Financial Statements

### 7. Dental Treatment Services Scheme

	1998	1997
	£	£
Emergency	4,923,761	4,307,464
Routine Dental Treatments	6,821,249	5,038,316
Denture Claims	2,458,323	2,489,016
Laboratory Claims	498	1,868
Other Payments	30,449	41,678
	<u>14,234,280</u>	<u>11,878,342</u>

### 8. Leasehold Premises

The Board's office premises are held on a 35 year lease dated 1st December 1974 from Calvinia Ltd. The annual rent is £125,000 effective from 1st December 1994, with 5 year rent reviews. The matter of securing a valuation of the Board's leasehold interest, with a view to its inclusion in the Balance Sheet was examined. In the absence of any quantifiable benefit to the Board the cost of a valuation could not be justified at this time.

### 9. Fixed Assets

	Furniture Fixtures Fittings	Information Technology	Library	Office Equipment	Total
<b>Cost</b>	£	£	£	£	£
Cost at 1/1/98	441,633	1,528,470	1,656	26,532	1,998,291
Additions	13,243	84,784	95	8,522	106,644
	<u>454,876</u>	<u>1,613,254</u>	<u>1,751</u>	<u>35,054</u>	<u>2,104,935</u>
<b>Depreciation</b>					
Accumulated Depreciation at 1/1/98	396,660	1,129,387	962	3,807	1,530,816
Depreciation for year ended 31/12/98	10,288	146,683	132	3,941	161,044
	<u>406,948</u>	<u>1,276,070</u>	<u>1,094</u>	<u>7,748</u>	<u>1,691,860</u>
<b>Net Book Value at 31/12/98</b>	<u>47,928</u>	<u>337,184</u>	<u>657</u>	<u>27,306</u>	<u>413,075</u>
<b>Net Book Value at 31/12/97</b>	<u>44,973</u>	<u>399,083</u>	<u>694</u>	<u>22,725</u>	<u>467,475</u>

## Notes to the Financial Statements

### 10. Debtors

	1998	1997
	£	£
Department of Health & Children and Health Boards	125,806,489	87,848,679
Rebates Due from Pharmaceutical Manufacturers	2,067,257	3,180,832
Advance Payments to Pharmacists	11,442,172	10,496,285
Sundry Debtors	78,481	79,509
	<u>139,394,399</u>	<u>101,605,305</u>

### 11. Stocks on Hand

Dispensing Doctors' Stocks	1,224,397	1,193,758
High Tech Stocks	1,714,580	1,160,389
	<u>2,938,977</u>	<u>2,354,147</u>

### 12. Creditors

Doctors' Fees/Salaries	22,318,510	21,652,208
Pharmacists' Claims	52,056,140	45,227,602
Dental Treatment Services Scheme	906,957	1,330,619
Sundry Creditors	481,253	548,213
	<u>75,762,860</u>	<u>68,758,642</u>

### 13. Basis of Preparation

The Board's Financial Statements are presented subject to Audit.

The Financial Statements are prepared on the basis of the payment year January to December with the inclusion of accruals for both income and expenditure.

The statistical data and associated financial values are prepared on the basis of payments made in the 12 months March to February which relate to claims for the calendar year January to December, accruals are not provided.