



# 2021

**Primary Care Reimbursement Service  
Statistical Analysis of Claims  
and Payments 2021**

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# **Primary Care Reimbursement Service**

STATISTICAL ANALYSIS OF CLAIMS AND PAYMENTS  
2021

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## Introduction

The Primary Care Reimbursement Service (PCRS) is responsible for reimbursing GPs, Dentists, Pharmacists, Optometrists/Ophthalmologists and other contractors who provide free or reduced-cost services to the public across a range of primary care schemes. These schemes, which are administered by PCRS, form the infrastructure through which the HSE delivers a significant proportion of primary care to the public.

The 2021 Statistical Analysis of Claims and Payments report gives a complete breakdown of the activities under the various schemes, including the General Medical Services Scheme (GMS), Drugs Payment Scheme (DPS), Long Term Illness Scheme (LTI), Dental Treatment Services Scheme (DTSS) and Community Ophthalmic Services Scheme (COSS). Included in the report are also the payments to suppliers and manufacturers of High Tech drugs as well as hospital payments in relation to the National Cancer Control Programme, the National Hepatitis C Treatment Programme and Multiple Sclerosis Services. Payments in 2021 also take account of the costs arising from the COVID-19 emergency in delivering primary care and immunisation through GPs and pharmacists.

Further details on the payments and the number of people who benefitted can be found in the updated monthly reports available online at [www.hsepcrs.ie](http://www.hsepcrs.ie) under "PCRS Publications".

On behalf of the HSE PCRS, I would like to thank all of our clients and contractors for their cooperation in 2021 in meeting the challenges we faced, not just COVID-19, but also the cyber-attack on the HSE, the response to which impacted payments during the year.

In particular I would like to thank all of the PCRS staff. In an extraordinary year, they maintained the delivery of day to day services amidst the disruption caused by the cyber-attack on the HSE and the impacts of the pandemic. For their commitment and dedication, a sincere thank you.

**Shaun Flanagan**  
**Interim Assistant National Director**  
**Primary Care Reimbursement Service**

## Réamhrá

Tá an tSeirbhís Aisiocaíochta Cúraim Phríomhúil (PCRS) freagrach as aisiocaíocht a dhéanamh le Dochtúirí Teaghlaigh, Fiaclóirí, Cógaiseoirí, Optaiméadraithe/Ophthalméolaithe agus conraitheoirí eile a sholáthraíonn seirbhísí saor in aisce nó ar chostas laghdaithe don phobal thar raon scéimeanna cúraim phríomhúil. Is trí na scéimeanna seo a sholáthraíonn FSS roinnt mhaith de na scéimeanna um chúram phríomhúil don phobal.

Tugann an tuarascáil um Anailís Staitistiúil ar Éilimh agus Íocaíochtaí 2021 miondealú iomlán ar na gníomhaíochtaí faoi na scéimeanna éagsúla, san áireamh an Scéim um Sheirbhísí Ginearálta Leighis (GMS), an Scéim Íocaíochta Drugaí (DPS), an Scéim Breoiteachta Fadtéarmaí (LTI), an Scéim um Sheirbhísí Cóireála Fiaclóireachta (DTSS) agus an Scéim Seirbhísí Oftalmacha Pobail (COSS). San áireamh sa tuarascáil freisin tá íocaíochtaí chuig soláthraithe agus déantóirí drugaí ardteicneolaíochta chomh maith le híocaíochtaí ospidéal maidir leis an gClár Náisiúnta Rialaithe Ailse, an Clár Cóireála Náisiúnta Heipitíteas C agus Seirbhísí Ilscéaróise. San áireamh chomh maith in íocaíochtaí 2021 tá na costais um Phaindéim COVID-19 maidir le chúram príomhúil agus imdhíonadh a sholáthraíonn na dochtúirí teaghlaigh agus na cógaiseoirí.

Is féidir tuilleadh sonraí ar na híocaíochtaí agus líon na ndaoine a bhain leas as a fháil sna tuarascálacha míosúla nuashonraithe atá ar fáil ar líne ag [www.hsepcrs.ie](http://www.hsepcrs.ie) faoi "Foilseacháin PCRS".

Thar ceann PCRS FSS, ba mhaith liom buíochas a ghabháil lenár gcliaint agus ár gconraitheoirí go léir as a gcomhoibriú i 2021 agus muid ag déileáil leis na dúshlán a bhí romhainn, ní hamháin COVID-19, ach an cibear-ionsaí ar FSS chomh maith agus an tionchar a bhí ar íocaíochtaí i rith na bliana dá bharr .

Ba mhaith liom buíochas a ghabháil go háirithe le foireann uile PCRS. I mbliain neamhghnách, lean siad ar aghaidh ag seachadadh seirbhísí ó lá go lá i measc gach a tharla de bharr an chibear-ionsaí ar FSS agus tionchair na paindéime. Go raibh maith agaibh as bhur dtiomantas agus bhur ndíograis.

**Shaun Flanagan**  
**Stiúrthóir Cúnta Náisiúnta Eatramhach**  
**Seirbhís Aisiocaíochta Cúraim Phríomhúil**





# **SCHEMES OVERVIEW**

## Schemes – Claim Reimbursement and Payment Arrangements

During 2021, HSE Primary Care Reimbursement Service reimbursed claims and made payments to General Practitioners (GPs), Community Pharmacists, Dentists and Optometrists/Ophthalmologists totalling €3,574.13m in respect of primary care schemes.

Claim data is processed and payments are made by the Primary Care Reimbursement Service under the following Schemes/Payment Arrangements:

### **General Medical Services (GMS) Scheme**

Persons who are unable without undue hardship to arrange general practitioner medical and surgical services for themselves and their dependants are eligible for the GMS Scheme. Drugs, medicines and appliances approved under the Scheme are provided through Community Pharmacies. In most cases the GP gives a completed prescription form to an eligible person who takes it to any Pharmacy that has an agreement with the Health Service Executive to dispense drugs, medicines and appliances on presentation of GMS prescription forms. In rural areas a small number of GPs hold contracts to dispense drugs and medications to eligible persons who opt to have their medicines dispensed by him/her directly.

### **Medical Card (MC)**

Once eligibility for a Medical Card is confirmed, patients are entitled to receive certain Doctor, Dentist, Clinical Dental Technician, Optometrist and Ophthalmologist treatments/services free of charge and prescribed medicines from Pharmacists.

Since the 1st October 2010, an eligible person who is supplied a drug, medicine or medical or surgical appliance on the prescription of a Registered Medical Practitioner, Registered Dentist or Registered Nurse Prescriber is charged a prescription charge by the Community Pharmacy. From the 1<sup>st</sup> November 2020,

the prescription charge is €1.50 for each item that is dispensed, up to a maximum of €15 per month per person or family. For people aged over 70, the prescription charge is €1.00 per item, up to a maximum of €10 per month per person or family. The prescription charge is recouped by the HSE from the Pharmacy.

### **General Practitioner Visit Card (GPVC)**

Persons who do not meet the eligibility criteria for a Medical Card but who meet the criteria for a GP Visit Card receive free access to GP services only. From 1st July 2015, all children under 6 years of age were granted automatic entitlement to free GP services. From 5th August 2015, all persons aged 70 and over were granted automatic entitlement to free GP services.

### **Medical cards for children with Domiciliary Care Allowance (DCA) eligibility**

The Health (Amendment) Act 2017 provides for the granting of full medical card eligibility to children in respect of whom a Domiciliary Care Allowance (DCA) is payable. The Minister for Health announced that, with effect from 1st June 2017, such children aged under 16 years who do not already have full eligibility will be eligible to receive a medical card.

### **Medical cards for children with cancer**

From 1st July 2015, following a recommendation of the Clinical Advisory Group, the HSE extended medical card eligibility to all children under the age of 18 years with a diagnosis of cancer. A medical card is issued in respect of the child for a period of five years from date of diagnosis.

### **GP Visit Card for persons in receipt of Carer's Allowance or Carer's Benefit**

The Health (General Practitioner Service) Act 2018 provides for the granting of eligibility for GP services without charge to all those in receipt of full, or half-rate,

Carer's Allowance or Carer's Benefit. From 1st September 2018, all persons in receipt of Carer's Allowance or Carer's Benefit were eligible to obtain GP services free of charge.

### **Dental Treatment Services Scheme (DTSS)**

Under the Dental Treatment Services Scheme GMS eligible adults have access to a range of treatments and clinical procedures comprised of Routine Treatments and Full Upper and Lower Dentures. Routine Treatments are available for all eligible persons. Dentists may also prescribe a range of medicines, as part of their treatment, to eligible persons.

### **HSE Community Ophthalmic Services Scheme (HSE-COSS)**

Under the Health Service Executive Community Ophthalmic Services Scheme, adult medical card holders and their dependants are entitled, free of charge, to eye examinations and necessary spectacles/appliances. Claims by Optometrists/Ophthalmologists are paid by the Primary Care Reimbursement Service. Claims for spectacles provided under the Children's Scheme are also paid by the Primary Care Reimbursement Service.

### **Drugs Payment Scheme (DPS)**

The Drugs Payment Scheme (DPS) provides for payment to the Pharmacist for the supply of medicines to individuals and families where the threshold of €114, effective from 1st November 2020, has been exceeded in a calendar month. In order to avail of the Drugs Payment Scheme a person or family must register for the Scheme with the HSE PCRS. Drugs, medicines and appliances currently reimbursable under the Scheme are listed on the HSE website.

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

On approval by the Health Service Executive, persons who suffer from one or more of a schedule of illnesses



## Schemes – Claim Reimbursement and Payment Arrangements continued

are entitled to obtain, without charge, irrespective of income, necessary drugs/medicines and/or appliances under the LTI Scheme. LTI Card holders can have both LTI and GMS eligibility.

### European Economic Area (EEA) entitlements

Residents from one of the other states of the European Economic Area, with established eligibility, who require emergency general practitioner services while on a temporary visit to the State are entitled to receive from a General Practitioner a GMS prescription form for necessary medication and to have such medication dispensed in a Pharmacy that has entered into an agreement with the Health Service Executive within the State. A person provides evidence of eligibility under these arrangements by producing a current European Health Insurance Card (EHIC). There is an existing arrangement between Ireland and the UK, whereby the residents of either country travelling to the other on a temporary stay are not required to present a European Health Insurance Card or an equivalent paper form. Proof of residency is sufficient.

### High Tech Arrangements (HT)

Arrangements are in place for the supply and dispensing of High Tech medicines through Community Pharmacies. Such medicines are generally only prescribed or initiated in hospital and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy or hormonal therapy. The medicines are purchased by the Health Service Executive and supplied through Community Pharmacies for which Pharmacists are paid a patient care fee. The cost of the medicines and patient care fees are paid by the Primary Care Reimbursement Service.

### High Tech Hub Ordering and Management System

In December 2017 PCRS introduced a new High Tech medicines ordering and management hub. This

is an online system in which Hospital Consultants and prescribers can register patients for High Tech medicines and can prepare and print prescriptions for those patients. Pharmacists can view and order High Tech medicines from suppliers and manufacturers through the High Tech hub. In turn, suppliers can accept and arrange for the delivery of ordered medicines to Community Pharmacists.

### Mother and Infant Care Scheme

A new online service was made available to General Practitioners who opt for online submission to process all new Maternity & Infant registrations and subsequent visits from the 1st July 2019.

### 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. Payments to GPs under this Scheme are made by the Primary Care Reimbursement Service.

### Health (Amendment) Act 1996

Under the Health (Amendment) Act 1996 certain health services are made available without charge to 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 HAA and GMS eligibility. GP services, pharmaceutical services, dental services and optometric/ophthalmic services provided under the Act are paid for by the Primary Care Reimbursement Service.

### Opioid Substitution Treatment Scheme

Methadone and Medicinal Products containing Buprenorphine are prescribed by Doctors and dispensed by Pharmacists for approved clients under the Opioid Substitution Treatment Scheme. Capitation fees payable to participating GPs and Community Pharmacists and claims by Pharmacists for the ingredient cost of the Methadone and Medicinal Products containing Buprenorphine dispensed and the associated dispensing fees are processed and paid by the Primary Care Reimbursement Service.

### Immunisations for GMS Eligible Persons

Agreement was reached between the Department of Health and the Irish Medical Organisation on fee rates to be applied to certain immunisations for GMS eligible persons. The immunisations encompassed by the agreement are - Pneumococcal, Influenza, Hepatitis B and the combined Pneumococcal /Influenza.

### Discretionary Hardship Arrangements

Medical Card patients, for whom Non GMS reimbursable items have been prescribed, may make application to the HSE Community Healthcare Organisation (CHO) for approval to have such items dispensed by a Community Pharmacist. Previously, the CHO reimbursed Community Pharmacists directly in respect of such prescribed items. In July 2009 reimbursement for these items transferred to the Primary Care Reimbursement Service.

### Centralised reimbursement of selected high cost drugs administered or dispensed to patients in hospitals

The HSE reimburses selected Oncology and Hepatitis C drugs.

The National Cancer Control Programme (NCCP) established the National Cancer Drug Management Programme to develop and improve the care provided

## Schemes – Claim Reimbursement and Payment Arrangements continued

to patients receiving treatment with oncology drugs. A national management system for cancer drugs was set up within the PCRS to facilitate centralised reimbursement and data capture of selected high-cost oncology drugs. This allows national oversight of the expenditure on high-cost oncology drugs in line with approved indications, improved service planning and budgetary projections and a national approach to provision of oncology drugs. The Hepatitis C drugs are dispensed to patients in the designated adult hepatology units.

From 2019 in an extension to pilot community sites, certain hospital administered drugs for Multiple Sclerosis (MS) were also reimbursed under the national management system in PCRS.

### **Centralised reimbursement of Outpatient Parenteral Antimicrobial Therapy (OPAT)**

The HSE reimburses Outpatient Parenteral Antimicrobial Therapy (OPAT) drugs, medicines and appliances administered by healthcare professionals or self-administered by patients in the community.

### **Redress for Women Resident in Certain Institutions**

Under the Redress for Women Resident in Certain Institutions Act 2015, it was provided that the Health Service Executive (HSE) would make available specified services to women eligible for the Restorative Justice Scheme, administered by the Department of Justice and Equality. Services include General Practitioner services, drugs, medicines and medical and surgical appliances, dental, ophthalmic and aural services, home nursing service, home support services, chiropody services, physiotherapy services, and a counselling service. Card holders are not required to pay any prescription fees.

### **Cycle of Care for GMS Patients with Type 2 Diabetes**

A Cycle of Care in General Practice for patients with Type 2 Diabetes was introduced in October 2015 to allow GPs maintain a register of their patients aged 18 years or more and less than 65 years with a diagnosis of Type 2 Diabetes and to provide two structured visits per annum to such patients.

### **Cycle of Care for Asthmatic Patients**

The Asthma Cycle of Care allows GPs to maintain a register of children under 6 years of age with a diagnosis of asthma and provide services to them in accordance with the agreed Cycle of Care. An information return is submitted by the GP via an online browser when the patient is 2 years old and again at 5 years old.

### **Chronic Disease Management Programme (CDM)**

The Structured Chronic Disease Management (CDM) Treatment Programme was launched in January 2020 for adult GMS patients aged 75 years and over, and extended to age 65 and over from 1<sup>st</sup> January 2021, 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

To support patients in managing their chronic condition(s) there are two scheduled reviews in a 12 month period. A written Care Plan is issued to the patient following the completion of the review.

### **Termination of Pregnancy Service**

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

### **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.

### **Covid – 19**

A number of General Practice oriented measures were commenced in 2020 to address the Covid-19 pandemic, including remuneration for the provision of remote consultations to patients who may have contracted Covid-19 infection, referral for testing and the provision of dedicated respiratory clinics on their practice premises. In addition, there was provision for the extension of day consultations and a contribution towards locum costs for the duration of any periods of self-isolation. The rollout of Covid-19 vaccinations through GPs and Pharmacies began in 2021.

## Summary Statement of Activity - 2021

- Payments and reimbursements during 2021 were approximately €3,574.13m.
- Claim data is processed and reimbursements are made by the HSE PCRS under the following Schemes:
  - General Medical Services (GMS);
  - Drugs Payment Scheme (DPS);
  - Long Term Illness (LTI);
  - Dental Treatment Services Scheme (DTSS);
  - European Economic Area (EEA);
  - High Tech Arrangements (HT);
  - Primary Childhood Immunisation;
  - Health (Amendment) Act 1996;
  - Opioid Substitution Treatment Scheme;
  - Health Service Executive Community Ophthalmic Services Scheme (HSE-COSS).
- Payments to Pharmacists totalled €1,454.14 m:
  - GMS: Prescriptions €986.20m, Stock Order Forms €5.57m;
  - DPS €96.14m;
  - LTI €292.11m;
  - EEA €0.40m;
  - The Health (Amendment) Act 1996, Opioid Substitution Treatment Scheme, DTSS prescriptions, and Pharmacy Training Grants €16.93m;
  - Influenza Vaccination Scheme €6.32m;
  - Covid-19 Vaccination Scheme €19.47m;
  - Patient Care Fees of €31.00m were paid to pharmacists under High Tech Arrangements;
- Total cost of Pharmacy fees €407.50m.
- Total cost of phased fees €54.98m.
- Prescription charges of €61.68m.
- Over 84m prescription items were paid for by the PCRS – an increase of over 3.36m items on 2020.
- Payments to GPs for fees and allowances totalled €856.12m.
- Payments to GPs for investment in General Practice Development €0.15m
- Payments to Manufacturers/Wholesalers of High Tech drugs and medicines totalled €988.99m.
- Payments to Dentists under the DTSS totalled €39.64m.
- Payments to Optometrists/Ophthalmologists under the HSE-COSS totalled €25.11m.
- Payments under centralised reimbursement of certain approved high cost Oncology, Hepatitis C, Multiple Sclerosis, Gainshare Initiative, Outpatient Parenteral Antimicrobial Therapy (OPAT) drugs, medicines and appliances totalled €168.19m.
- Administration costs were €41.79m.

**Note:** The figures detailed above have been rounded for reporting purposes.

## Total Payments and Reimbursements – 2021

Total Payments & Reimbursements 2021		
	2021 - €3,574.13m	2020 - €3,334.03m
GP Fees	€682.09m	€605.22m
GP Allowances	€174.03m	€183.03m
Investment in General Practice Development	€0.15m	€0.12m
Pharmacist Drugs and Medicines	€1,015.64m	€985.28m
Pharmacist Fees and Stock Order Mark-Up	€407.50m	€382.10m
Pharmacist High Tech Patient Care Fees	€31.00m	€28.26m
Manufacturers / Wholesalers High Tech Drugs and Medicines	€988.99m	€916.13m
Dentists	€39.64m	€40.55m
Optometrists / Ophthalmologists	€25.11m	€22.58m
Hospital - Oncology Drugs and Medicines	€114.13m	€82.87m
Hospital - Hepatitis C Drugs and Medicines	€21.84m	€21.94m
Hospital - Multiple Sclerosis Medicines (MS)	€19.37m	€12.33m
Hospital - Gainshare Initiative	€2.50m	€0.00m
Outpatient Parenteral Antimicrobial Therapy (OPAT) - Drugs, Medicines and Appliances	€10.35m	€8.14m
Administration	€41.79m	€45.48m

Note: Figures detailed for 2021 reflect payments made during Covid-19.  
The figures detailed above have been rounded for reporting purposes.

## Number of Agreements with Contractor Groups

General Practitioners 3,074	Pharmacists 1,915	Dentists 1,302	Optometrists 604
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The number of agreements between the Health Service Executive and General Practitioners for the provision of services to GMS cardholders reflects the policy position agreed between the Department of Health and the Irish Medical Organisation on entry to the GMS Scheme. At December 2021 there were 3,074 agreements.

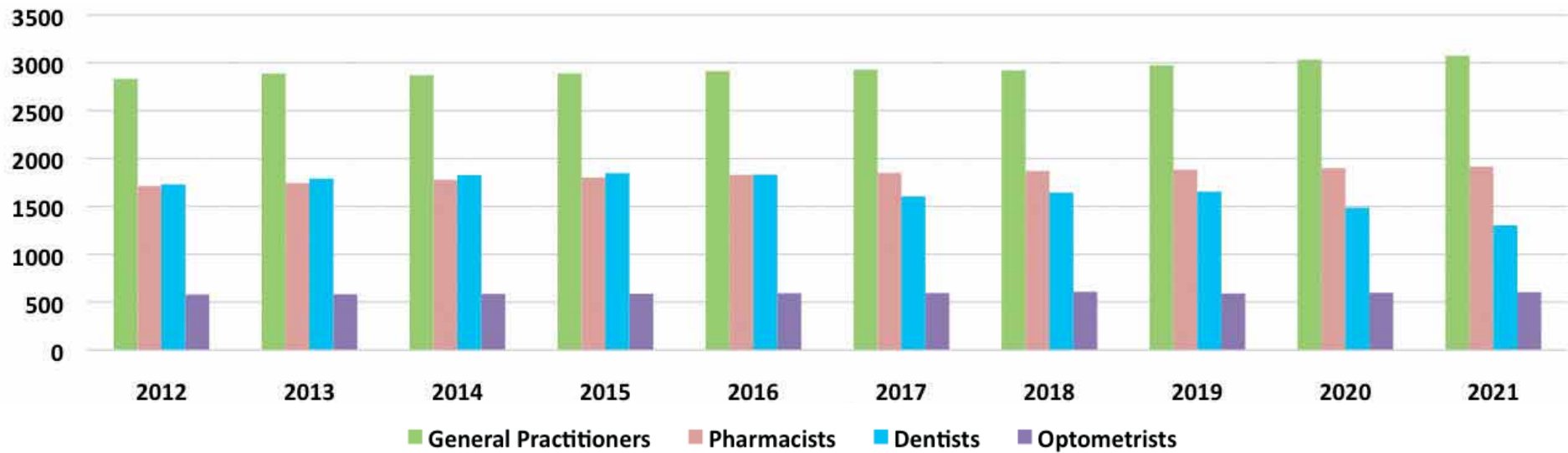
### Number of Agreements as at 31<sup>st</sup> December 2021

Community Healthcare Organisation	General Practitioners	Pharmacists	Dentists	Optometrists
CHO Area 1	235	165	133	68
CHO Area 2	314	203	162	76
CHO Area 3	258	166	101	50
CHO Area 4	476	276	313	80
CHO Area 5	311	212	128	71
CHO Area 6	314	165	49	48
CHO Area 7	422	253	160	73
CHO Area 8	336	252	97	74
CHO Area 9	408	223	159	64
<b>National</b>	<b>3,074</b>	<b>1,915</b>	<b>1,302</b>	<b>604</b>

Note: Included in the table above are the following:

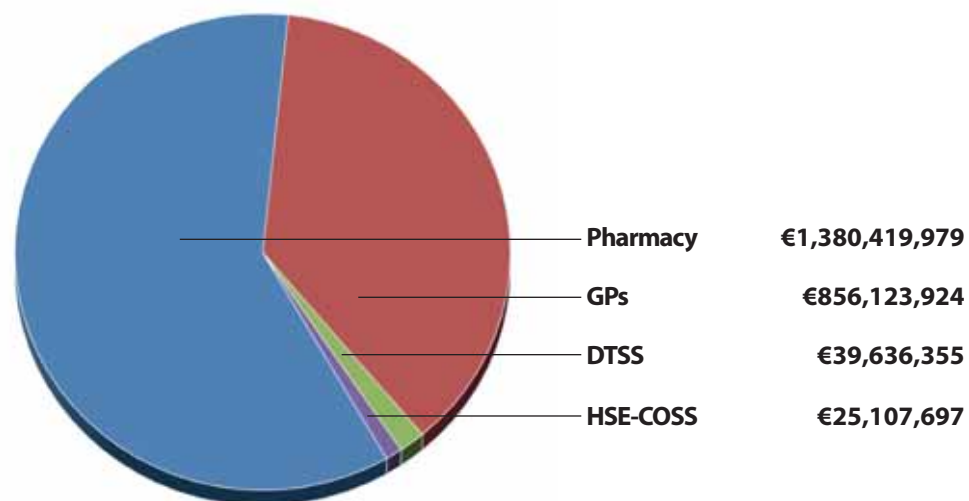
- (i) 532 GPs not contracted to the GMS Scheme who are registered to provide services under the Primary Childhood Immunisation Scheme, the Health (Amendment) Act 1996, Heartwatch, Opioid Substitution Treatment Scheme and National Cancer Screening Service.
- (ii) 11 Pharmacists who are registered to provide services under non GMS Schemes.
- (iii) 162 Dentists employed by the HSE who provide services under the Dental Treatment Services Scheme.
- (iv) 29 Clinical Dental Technicians.

## Number of Agreements with Contractor Groups 2012 - 2021



Year	General Practitioners	Pharmacists	Dentists	Optometrists
2012	2,832	1,713	1,730	580
2013	2,888	1,744	1,790	582
2014	2,870	1,778	1,827	586
2015	2,889	1,801	1,847	587
2016	2,914	1,830	1,831	593
2017	2,928	1,849	1,604	595
2018	2,921	1,870	1,644	608
2019	2,974	1,884	1,654	590
2020	3,033	1,900	1,486	598
2021	3,074	1,915	1,302	604

## Total Payments to Contractor Groups by CHO 2021



Community Healthcare Organisation	*GPs	**Pharmacy	***DTSS	HSE-COSS
CHO Area 1	€77,656,402	€123,594,618	€5,119,894	€2,696,751
CHO Area 2	€93,640,175	€145,375,211	€3,667,043	€2,739,518
CHO Area 3	€74,131,678	€122,064,048	€3,695,254	€2,303,736
CHO Area 4	€136,749,207	€210,146,305	€6,226,166	€3,802,379
CHO Area 5	€105,372,697	€170,427,723	€5,611,864	€3,682,574
CHO Area 6	€67,784,245	€88,892,822	€1,681,528	€1,371,865
CHO Area 7	€98,912,150	€179,698,864	€4,593,467	€3,023,910
CHO Area 8	€106,535,181	€182,128,108	€5,296,772	€3,238,974
CHO Area 9	€95,342,189	€158,092,280	€3,744,367	€2,247,990
<b>National</b>	<b>€856,123,924</b>	<b>€1,380,419,979</b>	<b>€39,636,355</b>	<b>€25,107,697</b>
<b>Corresponding figures for 2020</b>	<b>€788,251,700</b>	<b>€1,341,607,317</b>	<b>€40,549,163</b>	<b>€22,581,523</b>

- Note: (i) \*GP figures include GMS and non GMS GPs.  
(ii) \*\*Pharmacy figures include GMS, Stock Orders, DPS, LTI and EEA claims. Excluded are additional payments of claims reimbursed to Pharmacists totalled €42,718,272.  
(iii) \*\*\*Dental figures include HAA claims since 2017.  
(iv) Figures for 2021 reflect the services provided during the Covid-19 pandemic.







# **CARDHOLDER SECTION**

## Number of Eligible Persons per Scheme - 2021

*GMS 1,545,222	*GPVC 525,918	DPS 1,504,614	LTI 318,967
<p>Persons who are unable without undue hardship to arrange General Practitioner medical and surgical services plus Dental and Ophthalmic services for themselves and their dependents are provided with such services under the GMS Scheme. Since 1st October 2010, a person who is supplied by a Community Pharmacy Contractor with a drug, medicine or surgical appliance on the prescription of a Registered Medical Practitioner, Registered Dentist or Registered Nurse Prescriber is charged a prescription charge. Since 1st November 2020 the prescription charge is €1.50 per item subject to a limit of €15.00 per family per month and €1.00 per item subject to a limit of €10.00 for over 70s and their dependents. This charge is recouped from payments made to Pharmacists. An eligible person is entitled to select a GP of his/her choice, and have drugs, medicines and appliances provided through Community Pharmacies, Dentists and Optometrists/Ophthalmologists who have contracted with the Health Services Executive. GMS prescription forms may be dispensed in any Pharmacy that has an agreement with the Health Service Executive to dispense GMS prescription forms.</p>	<p>In rural areas, where a GP has a centre of practice three miles or more from the nearest Community Pharmacy participating in the Scheme, the GP 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 included 13,387 persons who were entitled and had opted to have their medicines dispensed by their GPs.</p> <p>Under the terms of the Drugs Payment Scheme, persons who do not have a medical card may apply for a Drugs Payment Scheme card on an individual or family unit basis. Prescribed medicines, which are reimbursable under the GMS Scheme, costing in excess of a specified amount per month, €114 (effective 1st November 2020), per family, is claimed by the Pharmacy and is paid by the Primary Care Reimbursement Service.</p> <p>On approval by the Health Service Executive, 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 Primary Care Reimbursement Service makes payments on behalf of the Health Service Executive for LTI claims submitted by Pharmacies.</p>		

### Figures as at 31st December 2021

Community Healthcare Organisation	GMS	Discretionary GMS	GPVC	Discretionary GPVC	**DPS	**LTI
CHO Area 1	160,669	18,494	41,775	4,175	17,030	16,711
CHO Area 2	161,471	19,897	50,616	4,656	28,126	17,341
CHO Area 3	135,285	16,881	42,122	3,419	27,228	17,262
CHO Area 4	222,210	31,144	80,736	7,049	51,112	28,275
CHO Area 5	197,990	22,673	54,961	4,936	30,120	24,132
CHO Area 6	79,292	7,593	56,345	1,558	36,002	15,059
CHO Area 7	201,201	20,365	68,783	4,410	43,908	26,940
CHO Area 8	216,813	22,885	65,553	5,621	36,745	26,655
CHO Area 9	170,291	16,204	65,027	3,453	38,394	22,689
<b>National</b>	<b>1,545,222</b>	<b>176,136</b>	<b>525,918</b>	<b>39,277</b>	<b>308,665</b>	<b>195,064</b>
<b>*** % of Estimate Population April 2021</b>	<b>30.83%</b>	<b>3.52%</b>	<b>10.50%</b>	<b>0.78%</b>	<b>6.16%</b>	<b>3.89%</b>

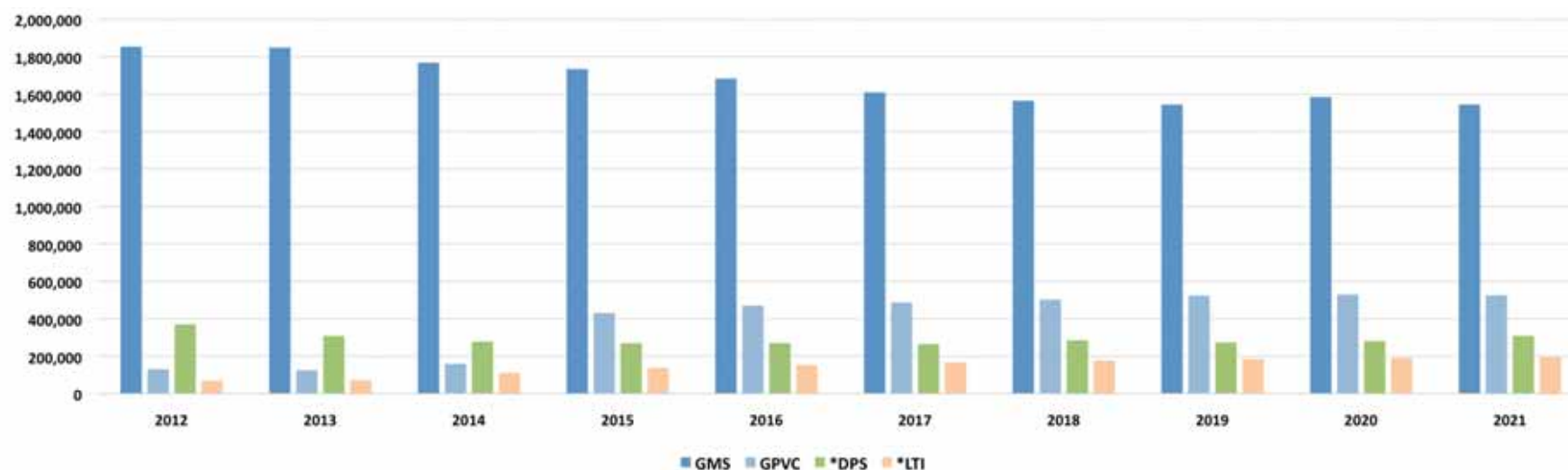
**GMS** - General Medical Services Scheme. **GPVC** - GP Visit Card Scheme. **DPS** - Drugs Payment Scheme. **LTI** - Long Term Illness Scheme.

\*GMS and GPVC figures are inclusive of cards granted on a discretionary basis.

\*\*The DPS and LTI figures shown refer to the number of eligible patients for whom claims were submitted to PCRS by pharmacies.

\*\*\*National population figures (5,011,500) are based on the CSO Estimate figures for April 2021.

## Number of Eligible Persons per Scheme 2012 - 2021



### Figures as at 31st December

Year	*GMS	Discretionary GMS	*GPVC	Discretionary GPVC	**DPS	**LTI
2012	1,853,877	62,987	131,102	15,972	370,791	69,513
2013	1,849,380	50,294	125,426	25,793	308,357	71,926
2014	1,768,700	76,665	159,576	34,605	278,227	111,940
2015	1,734,853	99,396	431,306	41,266	269,930	138,415
2016	1,683,792	116,362	470,505	45,260	270,525	153,446
2017	1,609,820	131,160	487,510	36,364	265,891	166,818
2018	1,565,049	148,396	503,329	38,099	285,599	177,481
2019	1,544,374	162,888	524,494	39,542	273,594	185,903
2020	1,584,790	169,458	529,842	39,028	280,703	190,829
2021	1,545,222	176,136	525,918	39,277	308,665	195,064

**GMS** - General Medical Services Scheme. **GPVC** - GP Visit Card Scheme. **DPS** - Drugs Payment Scheme. **LTI** - Long Term Illness Scheme.

\*GMS and GPVC figures are inclusive of cards granted on a discretionary basis.

\*\*The DPS and LTI figures shown refer to the number of eligible patients for whom claims were submitted to PCRS by pharmacies.

## GMS: Summary of Statistical Information for 2017 - 2021

Year ended December:-	2021	2020	2019	2018	2017	Year ended December:-	2021	2020	2019	2018	2017
<b>(i) Number of Eligible Persons in December</b>	<b>2,071,140</b>	<b>2,114,632</b>	<b>2,068,868</b>	<b>2,068,378</b>	<b>2,097,330</b>	<b>Number of GP Contracts</b>	<b>3,074</b>	<b>3,033</b>	<b>2,974</b>	<b>2,921</b>	<b>2,928</b>
						<b>Number of Pharmacist Contracts</b>	<b>1,915</b>	<b>1,900</b>	<b>1,884</b>	<b>1,870</b>	<b>1,849</b>
<b>General Practitioners</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>		<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>
<b>*Total Payments</b>	<b>€814,277</b>	<b>€757,679</b>	<b>€561,940</b>	<b>€531,631</b>	<b>€522,375</b>	<b>Total Cost of Stock Orders</b>	<b>€ 5,570</b>	<b>€ 5,952</b>	<b>€ 6,594</b>	<b>€ 6,165</b>	<b>€ 6,529</b>
<b>(ii) Avg. Payment to GPs per Eligible Person</b>	<b>€393.15</b>	<b>€358.30</b>	<b>€271.62</b>	<b>€257.03</b>	<b>€249.07</b>	Ingredient Cost	€ 4,207	€ 4,514	€ 5,042	€ 4,663	€ 4,980
<b>Pharmacists</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>	Pharmacy Fees	€ 841	€ 903	€ 1,008	€ 933	€ 996
<b>Total Cost of Prescriptions</b>	<b>€986,202</b>	<b>€969,304</b>	<b>€963,193</b>	<b>€960,185</b>	<b>€983,304</b>	VAT	€ 522	€ 535	€ 544	€ 569	€ 553
Ingredient Cost	€649,866	€639,610	€628,119	€621,634	€635,268	<b>Overall Cost of Drugs and Medicines</b>	<b>€ 991,772</b>	<b>€ 975,256</b>	<b>€ 969,787</b>	<b>€ 966,350</b>	<b>€ 989,833</b>
Dispensing Fee	€305,497	€300,246	€305,231	€309,306	€314,685	<b>(iii) Avg. Payment to Pharmacists per Eligible Person</b>	<b>€ 750.71</b>	<b>€ 744.20</b>	<b>€ 697.51</b>	<b>€ 679.40</b>	<b>€ 677.16</b>
VAT	€30,839	€29,448	€29,843	€29,245	€33,351	<b>**Overall Payments</b>	<b>€1,806,049</b>	<b>€1,732,935</b>	<b>€1,531,727</b>	<b>€1,497,981</b>	<b>€1,512,208</b>
Number of Forms	18,389	18,358	19,156	18,949	18,979						
Number of Items	62,674	60,975	60,073	59,218	58,595						
Avg. Cost per Form	€53.63	€52.80	€50.28	€50.67	€51.81						
Avg. Cost per Item	€15.74	€15.90	€16.03	€16.21	€16.78						
Avg. Ingredient Cost per Item	€10.37	€10.49	€10.46	€10.50	€10.84						
Avg. Items per Form	3.41	3.32	3.14	3.13	3.09						

- Note: (i) Number of eligible persons in 2021 includes the number of eligible persons with Medical Cards and GP Visit Cards.  
(ii) Average payment to GPs is inclusive of GP Visit Card costs and exclusive of superannuation paid to retired DMOs.  
(iii) Average pharmacy payment per person is calculated on the number of persons who availed of services during 2021. The number of persons who availed of services in 2021 was 1,321,120.  
(iv) Overall payment per eligible person is based on the number of persons who availed of services during 2021.  
(v) \*Total payments for 2021 reflects the services provided during the Covid-19 pandemic.  
(vi) \*\*Overall payments includes payments made under Discretionary Hardship Arrangements.

## LTI / DP Schemes: Summary of Statistical Information for 2017 - 2021

Year ended December:-	2021	2020	2019	2018	2017	Year ended December:-	2021	2020	2019	2018	2017
<b>LTI Scheme</b>						<b>DP Scheme</b>					
						Number of Eligible Persons in December	1,504,614	1,429,554	1,362,639	1,290,634	1,258,531
*Number of Claimants	195,064	190,829	185,903	177,481	166,818	*Number of Claimants	308,665	280,703	273,594	285,599	265,891
						**Number of Families	219,052	195,278	188,119	187,789	168,978
	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>		<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>
Number of Items	10,170	9,953	9,464	8,936	8,305	Number of Items	9,585	8,555	7,901	7,633	7,135
Total Cost	€292,106	€283,086	€262,625	€242,694	€221,904	Gross Cost	€198,603	€177,647	€165,306	€157,050	€148,335
<b>Avg. Cost per Item</b>	<b>€28.72</b>	<b>€28.44</b>	<b>€27.75</b>	<b>€27.16</b>	<b>€26.72</b>	***Net Cost	€96,139	€82,666	€75,471	€67,363	€62,095
<b>*Avg. Cost per Claimant</b>	<b>€1,497.49</b>	<b>€1,483.45</b>	<b>€1,412.70</b>	<b>€1,367.44</b>	<b>€1,330.21</b>	<b>Avg. Gross Cost per Item</b>	<b>€20.72</b>	<b>€20.77</b>	<b>€20.92</b>	<b>€20.57</b>	<b>€20.79</b>
						<b>*Avg. Net Cost per Claimant</b>	<b>€311.47</b>	<b>€294.50</b>	<b>€275.85</b>	<b>€235.87</b>	<b>€233.53</b>

Note: (i) \*These figures are based on the number of eligible persons who availed of services under each Scheme.

(ii) \*\*These figures are based on expenditure above and below the monthly co-payment.

(iii) \*\*\*The Net Cost is inclusive of claims below the monthly co-payment of €114 (effective 1st November 2020) payable to the Pharmacy by an individual or family.





**GENERAL  
PRACTITIONER  
SECTION**

## Fees and Allowances under Capitation Agreement as at 31st December 2021

Ages	Male €	Female €
6 - 15	58.84	59.52
16 - 44	75.11	122.83
45 - 64	150.02	164.85
65 - 69	158.04	176.31
Capitation rate for children aged under 5 years where the GP does not hold an under 6 contract.	74.59	72.76
Capitation rate for children aged 5 years where the GP does not hold an under 6 contract.	43.29	43.79
Capitation rate for patients aged 70 years or more residing in the community.	369.18	369.18
Capitation rate for patients aged 70 years or more residing in a private nursing home (approved by the HSE) for continuous periods in excess of 5 weeks.	590.08	590.08
The above rates are exclusive of Supplementary Out-of-Hours Fee.	3.64	3.64
<b>Out-of-Hours Payment</b>		
Surgery (6 p.m. - 8 a.m.)		€41.63
Surgery (8 - 9 a.m. and 5 - 6 p.m.)		€13.88
Domiciliary		€41.63
Additional Fee (Surgery or Domiciliary)		€13.88
<b>Temporary Residents/EEA Visitors/Emergency</b>		
Surgery		€40.94
Domiciliary		€40.94
Fee for Second Medical Opinion		€26.46
<b>Rural Practice Support Framework</b>		
Rural Practice Allowance Per Annum		€16,216.07
Rural Practice Support Framework Allowance Per Annum, where there is one or no other practice unit in the area		€22,000.00
Rural Practice Support Framework Allowance Per Annum, where there are two practice units in the area however, one or both practice units is not in receipt of Rural Practice Allowance		€11,000.00
Opt-in GP (dispensing doctor)		€43.12
Pilot GP (dispensing doctor)		€49.74
Continuous GP (dispensing doctor)		€12.48



## Fees and Allowances under Capitation Agreement as at 31st December 2021 continued

Special Items of Service		
A	Excisions / Cryotherapy / Diathermy of Skin Lesions	€24.80
AB	Long Acting Reversible Contraceptive (LARC)	€70.00
AC	Removal Long Acting Reversible Contraceptive (LARC)	€50.00
AD	24 Hour Ambulatory Blood Pressure Monitoring	€60.00
AE	Cervical Screening Consultation	€50.00
AH	TOP patients first consultation	€150.00
AI	TOP Combined termination procedure, including the administration/dispensing for medicines and aftercare	€300.00
AJ	Provision of aftercare by the contractor, where the patient has received termination of pregnancy service in a hospital and has been discharged to the community setting	€100.00
AL	Therapeutic Phlebotomy for Haemochromatosis	€100.00
AN	Involuntary Admissions to Acute Mental Health Facilities	€150.00
AO	Chronic Disease Management (one condition)	€105.00
AP	Chronic Disease Management (two conditions)	€125.00
AQ	Chronic Disease Management (three or more conditions)	€150.00
AR	Modified Chronic Disease Virtual Consultation (one condition)	€55.00
AS	Modified Chronic Disease Virtual Consultation (two conditions)	€65.00
AT	Modified Chronic Disease Virtual Consultation (three or more conditions)	€75.00
*AU	Covid-19 1st Vaccine	€25.00
*AV	Covid-19 2nd Vaccine	€25.00
AY	Covid-19 Vaccine Additional Shot 1	€25.00
AZ	Covid-19 Vaccine Booster Shot 1	€25.00
B	Suturing of cuts and lacerations	€50.00
C	Draining of Hydroceles	€24.80
CA	Respiratory assessment for patients regardless of eligibility	€75.00
CB	Covid-19 telephone consultation for patients regardless of eligibility	€30.00
D	Treatment and Plugging of Dental and Nasal Haemorrhages	€24.80
F	ECG Tests and their Interpretation	€24.80
H	Removal of adherent foreign bodies from the conjunctival surface of the eye	€24.80
J	Removal of lodged or impacted foreign bodies from the ear, nose and throat	€24.80
K	Nebuliser treatment in the case of acute asthma attack	€37.21
L	Bladder Catheterization	€60.00
M	Attendance at case conferences (where authorised by the HSE)	€62.02
O	Disease Outbreak Vaccination	€28.50
R	Pneumococcal Vaccination	€28.50
**S	Influenza Vaccination - QIV (Quadrivalent Influenza Vaccine)	€15.00
***S	Influenza Vaccination - LAIV (Nasal Vaccine)	€20.00
T	Pneumococcal / Influenza Vaccinations	€42.75
U	Hepatitis B Vaccination	€142.57

\* GP is eligible for a payment of €10 for an unique patient to whom the vaccine is administered during a pandemic.

\*\* GP is eligible for a payment of €100 for every 10 unique patients to whom the QIV vaccine is administered.

\*\*\* GP is eligible for a payment of €150 for every 10 unique patients to whom the LAIV vaccine is administered.

## Fees and Allowances under Capitation Agreement as at 31st December 2021 continued

<b>Practice Support</b>	
Allowance for Practice Secretary up to a maximum Per Annum of:	€24,068.99
Allowance for Practice Nurse up to a maximum Per Annum of:	€37,822.72
Allowance for Practice Manager up to a maximum Per Annum of:	€30,945.86
<b>Contributions to Locum Expenses (Subject to the conditions of the Agreement)</b>	
Annual Leave	Up to a maximum of €1,380.65 per week
Sick Leave	
Study Leave	
Adoptive Leave	Up to a maximum of €2,761.30 per week
Maternity Leave	
Paternity Leave	
<b>Contributions to Medical Indemnity Insurance</b>	
Calculation of contributions related to GMS panel numbers and net premium	
<b>Asylum Seekers</b>	
A once off superannuable registration fee of €173.69 per patient is payable to GPs in respect of patients on their GMS panel who are seeking asylum in Ireland	

**Fees and Allowances under the Fee-Per-Item Agreement and Fees under the Immunisation Scheme, Health (Amendment) Act 1996, Opioid Substitution Treatment Scheme and Heartwatch Programme as at 31st December 2021**

<b>GP Surgery Consultations</b>		
Day	Normal Hours	€11.87
Late	Outside Normal Hours other than night	€16.88
Night	Midnight to 8:00 a.m.	€33.38
<b>Domiciliary Consultations</b>		
Day		€17.51
Late		€22.93
Night		€44.96
<b>Temporary Residents/EEA Visitors/Emergency</b>		
Surgery		€40.94
Domiciliary		€40.94
<b>Rural Practice Allowance</b>		
Per Annum		€7,042.91
<b>Locum and Practice Expense Allowance</b>		
Per Annum		€1,371.06
<b>Sessional Rate - Homes for the Aged</b>		
Per 3 Hour Session		€73.18
<b>Immunisation Fees</b>		
Registration of child with a GP		€37.78
6 in one Vaccine		€206.31
95% uptake bonus		€60.63
<b>Health (Amendment) Act 1996</b>		
Surgery Fee		€30.53
Domiciliary Fee		€40.27
<b>Opioid Substitution Treatment Scheme</b>		
Level 1 Contractor		€159.97
Level 2 Contractor		€176.43
<b>Heartwatch Programme</b>		
Heartwatch Programme		€39.31

**Fees and Allowances under the Fee-Per-Item Agreement and Fees under the Immunisation Scheme, Health (Amendment) Act 1996, Opioid Substitution Treatment Scheme and Heartwatch Programme as at 31st December 2021 continued**

Special Items of Service		
AE	Cervical Screening Consultation	€50.00
AH	TOP patients first consultation	€150.00
AI	TOP combined termination procedure, including the administration/dispensing for medicines and aftercare	€300.00
AJ	Provision of aftercare by the contractor, where the patient has received termination of pregnancy service in a hospital and has been discharged to the community setting	€100.00
AL	Therapeutic Phlebotomy for Haemochromatosis	€100.00
AN	Involuntary Admissions to Acute Mental Health Facilities	€150.00
AO	Chronic Disease Management (one condition)	€105.00
AP	Chronic Disease Management (two conditions)	€125.00
AQ	Chronic Disease Management (three or two conditions)	€150.00
AR	Modified Chronic Disease Virtual Consultation (one condition)	€55.00
AS	Modified Chronic Disease Virtual Consultation (two conditions)	€65.00
AT	Modified Chronic Disease Virtual Consultation (three or more conditions)	€75.00
*AU	Covid-19 1st Vaccine	€25.00
AV	Covid-19 2nd Vaccine	€25.00
AY	Covid-19 Vaccine Additional Shot 1	€25.00
AZ	Covid-19 Vaccine Booster Shot 1	€25.00
CA	Respiratory assessment for patients regardless of eligibility	€75.00
CB	Covid-19 telephone consultation for patients regardless of eligibility	€30.00
F	Suturing of cuts and lacerations	€22.43
G	Treatment and Plugging of Dental and Nasal Haemorrhages	€22.43
H	Draining of Hydroceles	€22.43
J	Recognised Vein Treatment	€22.43
K	Excisions / Cryotherapy / Diathermy of Skin Lesions	€22.43
M	ECG Tests and their Interpretation	€22.43
O	Disease Outbreak Vaccination	€28.50
R	Pneumococcal Vaccination	€28.50
**S	Influenza Vaccination	€15.00
***S	Influenza Vaccination - LAIV (Nasal Vaccine)	€20.00
T	Pneumococcal / Influenza Vaccinations	€42.75
U	Hepatitis B Vaccination	€142.57

\* GP is eligible for a payment of €10 for an unique patient to whom the vaccine is administered during a pandemic.

\*\* GP is eligible for a payment of €100 for every 10 unique patients to whom the QIV vaccine is administered.

\*\*\* GP is eligible for a payment of €150 for every 10 unique patients to whom the LAIV vaccine is administered.

## Fees and Allowances under the Capitation / Fee-Per-Item Agreement as at 31st December 2021

### Type 2 Diabetes - Cycle of Care

A once off registration fee of €30.00 per registered patient.

Following registration, GPs receive the monthly element of the agreed annual fee of €100.

### Chronic Disease Management

Annual fee payable in respect of eligible patient (aged 65 years and over) with one of the chronic conditions listed in the Agreement of 2019 of €210.

Annual fee payable in respect of eligible patient (aged 65 years and over) with two of the chronic conditions listed in the Agreement of 2019 of €250.

Annual fee payable in respect of eligible patient (aged 65 years and over) with three or more of the chronic conditions listed in the Agreement of 2019 of €300.

Opportunistic Case Finding Programme – fee for assessment of patient (aged 75 years and over) meeting the chronic disease risk criteria as set out in the Agreement of 2019 of €60.00.

Chronic Disease Preventive Treatment Programme – annual fee for assessment of patient (aged 75 years and over) identified with high-risk of cardiovascular disease or diabetes as set out in the Agreement of 2019 of €82.00.

Practice Nurse grant per patient registered for Chronic Disease Management or Modified Chronic Disease Management Programme in Agreement of 2019 of €28.75.

### Social Deprivation Grant System for 2021

Grant amounts are payable for qualifying practices in the below amounts and are based on the absolute number of patients living in disadvantaged areas. A practice must first qualify through the ranking system before it is determined which band they will come under and receive the corresponding grant amount. GPs in receipt of rural practice supports are not eligible to apply for the social deprivation grant.

#### Number of Patients in Disadvantaged Areas;

200 - 400	€7,500.00
401 - 800	€10,000.00
800 +	€12,500.00

## Fees and Allowances under the Capitation / Fee-Per-Item Agreement as at 31st December 2021 continued

### Children in the Community aged Under 6

The Capitation rate is €125.00 per annum for children aged under 6 years issued with a GP Visit Card.  
This rate includes the Supplementary Out-Of-Hours fee, effective 1st July 2015.

### Children aged Under 6 - Asthma Cycle of Care

A once off registration fee of €50.00 for children aged under 6 years diagnosed with asthma.  
Following registration, GPs receive the monthly element of the agreed fee of €90 in the first year and receive the monthly element of the agreed fee of €45 in subsequent years up to the child's 6th birthday.

### Special Items of Service - Under 6

A	Excisions / Cryotherapy / Diathermy of Skin Lesions	€24.80
D	Treatment and Plugging of Dental and Nasal Haemorrhages	€24.80
H	Removal of adherent foreign bodies from the conjunctival surface of the eye	€24.80
M	Attendance at case conferences	€62.02
W	Nebuliser treatment in the case of acute asthma attack	€37.21
X	Removal of lodged or impacted foreign bodies from the ear, nose and throat and skin	€24.80
Y	Suturing of cuts and lacerations (including application of tissue glue)	€37.21
Z	Draining of Abscesses	€24.80

## Payments to General Practitioners 2021

### Fees €682.09m

Payments to General Practitioners are categorised as fees and/or allowances. For the majority of GPs who operate under the 1989 agreement the principal fee is the capitation per person which is weighted for gender and age - capitation fees totalled €375,379,517 in 2021. Fees totalling €426,805 were paid to 3 GPs who continue to provide services 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.

### Allowances €174.03m

In addition to a capitation fee an 'Out-of-Hours' fee is payable for non routine consultations when a GMS cardholder is seen by their GP or another GP acting on his/her behalf from 5 pm in the evening to 9 am on the following morning (Monday to Friday) and all hours on Saturdays, Sundays and Bank Holidays. Special fees are payable for a range of additional services such as excisions, suturing, vaccinations, catheterization, family planning etc.

Annual and study leave together with locum, nursing and other practice support payments account for most of the €174,030,089, allowances paid to GPs in 2021.

### Payments to GPs in each CHO Area

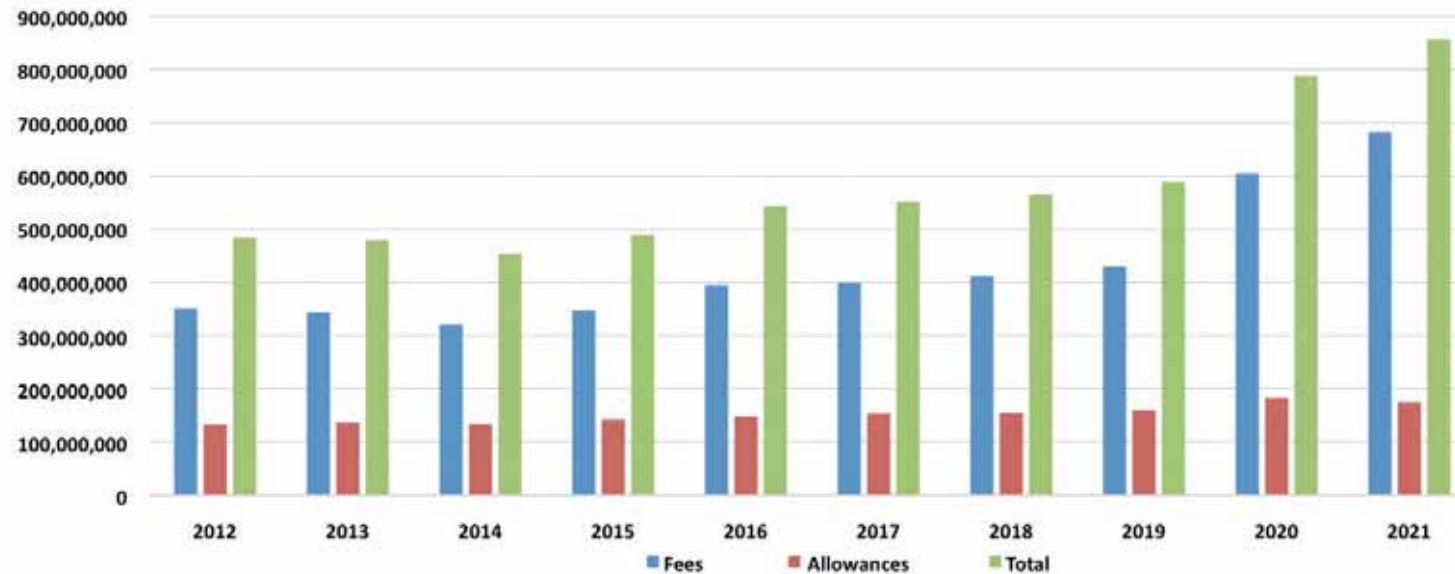
Community Healthcare Organisation	2021
CHO Area 1	€77,656,402
CHO Area 2	€93,640,175
CHO Area 3	€74,131,678
CHO Area 4	€136,749,207
CHO Area 5	€105,372,697
CHO Area 6	€67,784,245
CHO Area 7	€98,912,150
CHO Area 8	€106,535,181
CHO Area 9	€95,342,189
<b>National</b>	<b>€856,123,924</b>

#### Reimbursement of claims made by GPs include:

Primary Childhood Immunisation Scheme	€7,358,607
Opioid Substitution Treatment Scheme	€7,988,931
Maternity and Infant Care Scheme	€10,352,483
National Cancer Screening Services	€15,861,460
Heartwatch	€191,640
Health (Amendment) Act 1996	€93,648

Note: Payments for 2021 reflect the new services provided during the Covid-19 pandemic.

## Payments to General Practitioners 2012 - 2021



### Payments to General Practitioners 2012 - 2021

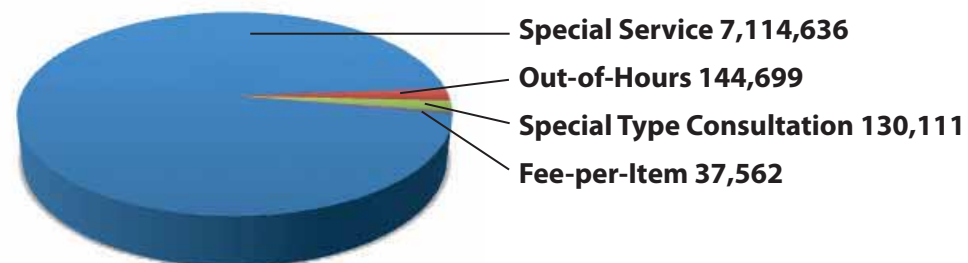
Year	Fees	Allowances	Total
2012	351,088,405	132,051,034	483,139,439
2013	343,404,031	136,622,499	480,026,530
2014	320,269,633	132,983,184	453,252,817
2015	348,035,815	141,659,008	489,694,823
2016	394,797,667	148,334,217	543,131,884
2017	398,912,575	152,662,775	551,575,350
2018	411,754,432	153,656,565	565,410,997
2019	429,137,227	160,093,276	589,230,503
2020	605,224,515	183,027,185	788,251,700
2021	682,093,836	174,030,088	856,123,924

Note: Payments for 2021 reflect the new services provided during the Covid-19 pandemic.



## Number of Claims by General Practitioners

### National – 2021



### Number of Claims by General Practitioners in each CHO

Community Healthcare Organisation	Special Service	Out-of-Hours	Special Type Consultation	Fee-per-Item
CHO Area 1	583,701	10,480	7,349	-
CHO Area 2	810,971	13,656	12,371	-
CHO Area 3	612,579	3,239	13,461	-
CHO Area 4	1,229,081	32,617	16,539	27,225
CHO Area 5	898,607	8,507	6,135	973
CHO Area 6	597,930	11,004	3,826	-
CHO Area 7	768,662	30,259	32,362	9,364
CHO Area 8	864,181	15,987	8,520	-
CHO Area 9	748,924	18,950	29,548	-
<b>National</b>	<b>7,114,636</b>	<b>144,699</b>	<b>130,111</b>	<b>37,562</b>

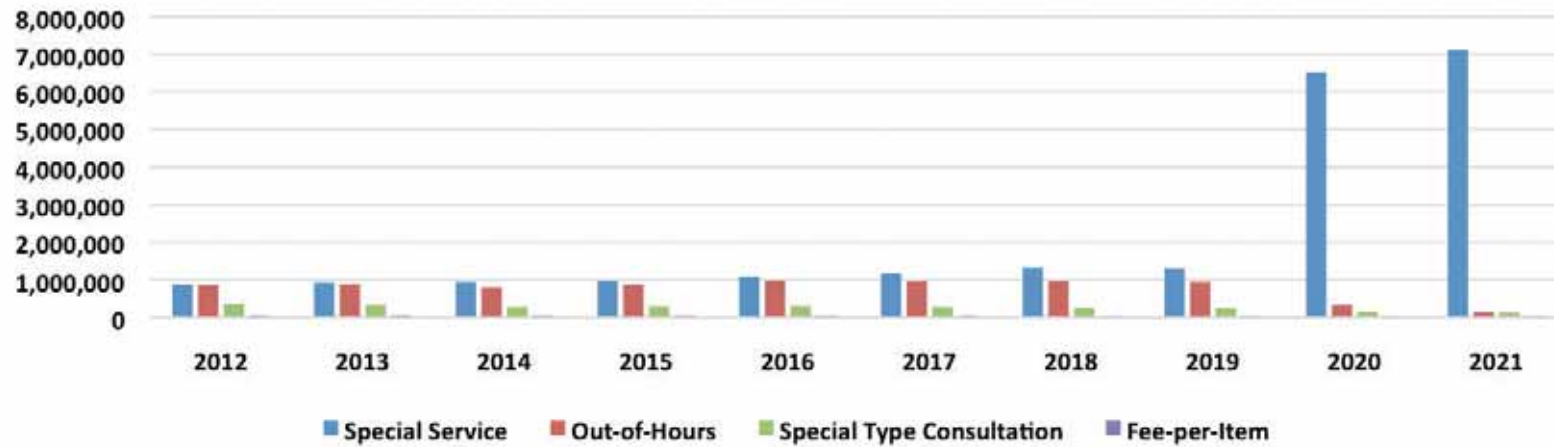
A majority of GPs are paid an annual capitation fee for each eligible person - the rate of payment is determined by the age/gender of the person. A minority of GPs (3) who have continued to provide services under the Fee-per-Item of Service agreement are paid a fee for each Doctor/Patient contact.

A Special Type Consultation (STC) fee may be claimed when a GP provides a service to a GMS eligible person who is not on their GMS panel. Such GMS eligible persons may require medical services such as an Out-of-Hours, or emergency consultation, or they may be temporarily resident in an area not served by their GP.

General Practitioners can claim fees for special items of service provided to eligible persons under the Capitation Agreement and Fee-per-Item Agreement.

Note: The number of Special Service claims reflects the services available during the Covid-19 pandemic.

## Number of Claims by General Practitioners 2012 - 2021



Year	Special Service	Out-of-Hours	Special Type Consultation	Fee-per-Item
2012	884,313	861,133	367,788	57,331
2013	926,105	890,914	328,062	58,660
2014	938,890	806,522	286,222	55,047
2015	969,709	885,861	299,568	52,634
2016	1,084,881	987,711	307,742	46,100
2017	1,174,931	959,121	285,461	47,476
2018	1,328,715	961,873	261,254	36,343
2019	1,312,012	939,342	242,633	39,473
2020	6,526,186	329,270	155,495	27,958
2021	7,114,636	144,699	130,111	37,562

Note: The number of Special Service claims for 2021 reflects the services available during the Covid-19 pandemic.

## GMS: Payments to General Practitioners

		<b>2021</b>	<b>2020</b>
		<b>€</b>	<b>€</b>
<b>FEES</b>	- Capitation	375,379,517	340,270,765
	- Special Claims/Services	214,179,313	184,000,412
	- Out-of-Hours	4,638,060	11,377,700
	- Dispensing	636,386	648,756
	- Item of Service Contract	426,805	339,305
	- Asylum Seekers	296,315	402,092
	- Vaccinations	37,360,121	26,717,957
	- Asthma Registration	68,500	160,950
	- Asthma Capitation	402,049	671,659
	- Contribution for GP Height Measure and Self Zeroing Scale	402	1,614
	- Diabetes Capitation	6,769,899	9,844,232
	- Diabetes Registration	89,700	216,060
<b>ALLOWANCES</b>	- Secretarial/Nursing	91,992,936	93,113,296
	- Annual Leave	9,435,736	9,657,362
	- Rostering/Out-of-Hours	6,388,872	6,313,820
	- Medical Indemnity Insurance	6,952,130	6,973,064
	- Rural Practice	4,984,326	5,886,732
	- Study Leave	2,008,239	2,711,765
	- Sick Leave	1,708,545	2,777,221
	- Maternity Leave/Paternity Leave	3,989,752	4,074,775
	- Locum and Practice Expenses	4,113	4,113
	- Social Deprivation Grant	79,500	2,905,000
	- CDM Nursing Support Grant	3,425,131	2,218,188
	- Winter Plan Support Grant	4,500	8,846,500
<b>SALARIES</b>	- Benefits to retired DMOs and their dependants	1,637,165	1,837,848
	- Former District Medical Officers	1,032,071	1,127,004
<b>SUPERANNUATION FUND</b>	- Contribution	41,315,954	37,132,184
<b>TOTAL</b>		<b>€815,206,037</b>	<b>€760,230,374</b>

Note: Payments for 2021 reflect the new services provided during the Covid-19 pandemic.





# **PHARMACY SECTION**

## Scale of Fees Payable to Participating Pharmacists as at 31st December 2021

<b>GMS Scheme</b>	<b>€</b>
<b>*Fee-Per-Item</b>	
- for each of the first 1,667 items dispensed by the Community Pharmacy Contractor in a month	5.00
- for each of the next 833 items dispensed by the Community Pharmacy Contractor in that month	4.50
- for each other item dispensed by the Community Pharmacy Contractor in that month	3.50
<b>Extemporaneous Fee</b>	6.53
<b>Extemporaneous dispensing and compounding of</b>	
- Powders	19.60
- Ointments and Creams	13.07
<b>Non-Dispensing Fee - exercise of professional judgement</b>	3.27
<b>Phased Dispensing Fee - each part of phased dispensing</b>	3.27
*A Fee-Per-Item is also payable on prescription forms issued by Dentists under the DTS Scheme.	
<b>Supplies to Dispensing Doctors</b>	
Pharmacists supplying Dispensing Doctors are reimbursed on the basis of the reimbursement price plus the relevant mark-up.	
<b>DPS/LTI/EEA Schemes and Health (Amendment) Act 1996</b>	
<b>*The Fee-Per-Item structure shown for the GMS Scheme above, also applies to the DPS/LTI/EEA Schemes and Health (Amendment) Act 1996.</b>	
<b>Reimbursement under these four schemes includes ingredient cost plus the Fee-Per-Item.</b>	
In the case of the Drugs Payment Scheme the PCRS makes payments to Pharmacists in respect of authorised patients whose monthly costs of prescribed drugs and medicines are in excess of the specified monthly amount (€114 1st November 2020) payable to the Pharmacist by an individual or family.	
<b>High Tech Arrangements</b>	
<b>Patient Care Fee: €62.03 per month.</b>	
<b>Non Dispensing Patient Care Fee: €31.02</b>	
- Fee payable for a maximum of 3 consecutive months where there has been no dispensing of High Tech medicines.	
<b>Opioid Substitution Treatment Scheme</b>	
<b>Patient Care Fee: Up to a Maximum of €62.00 per month.</b>	
<b>Pharmacy Vaccinations</b>	
<b>Influenza Vaccination - QIV (Quadrivalent Influenza Vaccine)</b>	15.00
<b>Influenza Vaccination - LAIV (Nasal Vaccine)</b>	20.00
<b>*Covid-19 Vaccination</b>	25.00 per dose
<b>*Pharmacist is eligible for a once off payment for every patient to whom the vaccine is administered</b>	10.00 per patient
<b>**Pharmacist is eligible for a payment of €100 for every 10 unique patients to whom the QIV vaccine is administered.</b>	
<b>***Pharmacist is eligible for a payment of €150 for every 10 unique patients to whom the LAIV vaccine is administered.</b>	

## Payments to Pharmacists: Claims Reimbursed 2021

GMS €991.77m	DPS €96.14m	LTI €292.11m	EEA €0.40m
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A GMS cardholder who is provided with a properly completed GMS prescription form by his or her GP can choose to have their prescription forms dispensed in any of the Pharmacies who have entered into agreements with the Health Service Executive for the provision of services under Section 59 of the Health Act, 1970.

In 2021 there were 18.39m GMS prescription forms containing over 62.67m prescription items which were dispensed at a cost of €986,201,874. (This figure excludes the cost of GMS stock orders of €5,570,320 in 2021). This equates to an average cost of €15.80 per dispensed item. During 2021, 85% of all GMS cardholders availed of prescription items at an average cost of €750.71 per person.

Payments made to Pharmacists under the GMS and DTSS Schemes are inclusive of the ingredient cost of medicines, dispensing fees, and VAT where applicable.

Under Drug Payment Scheme (DPS), Long Term Illness (LTI) and European Economic Area (EEA) Schemes, Pharmacists are reimbursed the ingredient cost of items dispensed, dispensing fees and VAT where applicable.

There were 101,151 persons who availed of High Tech Arrangements and patient care fees of €31.0m were paid to pharmacists under these arrangements.

### Payments to Pharmacists: Claims Reimbursed in each CHO

Community Healthcare Organisation	*GMS	DPS	LTI	EEA	Total
CHO Area 1	€94,316,860	€5,086,833	€24,116,578	€74,347	€123,594,618
CHO Area 2	€111,110,390	€8,457,328	€25,723,511	€83,982	€145,375,211
CHO Area 3	€90,141,730	€7,507,115	€24,348,398	€66,805	€122,064,048
CHO Area 4	€152,805,674	€14,552,421	€42,704,590	€83,620	€210,146,305
CHO Area 5	€126,169,450	€8,771,780	€35,445,566	€40,927	€170,427,723
CHO Area 6	€52,511,478	€13,972,255	€22,404,783	€4,306	€88,892,822
CHO Area 7	€124,144,345	€13,846,146	€41,697,406	€10,967	€179,698,864
CHO Area 8	€129,196,808	€10,964,915	€41,940,522	€25,863	€182,128,108
CHO Area 9	€111,375,459	€12,980,712	€33,724,897	€11,212	€158,092,280
<b>National</b>	<b>€991,772,194</b>	<b>€96,139,505</b>	<b>€292,106,251</b>	<b>€402,029</b>	<b>€1,380,419,979</b>

\*GMS - This figure includes Stock Order costs.

- Also included in the above GMS figure is an amount of €0.48m which was paid for items dispensed under Redress for Women Resident in Certain Institutions, and €12.73m which was paid in respect of Non GMS Reimbursable Items dispensed under Discretionary Hardship Arrangements.

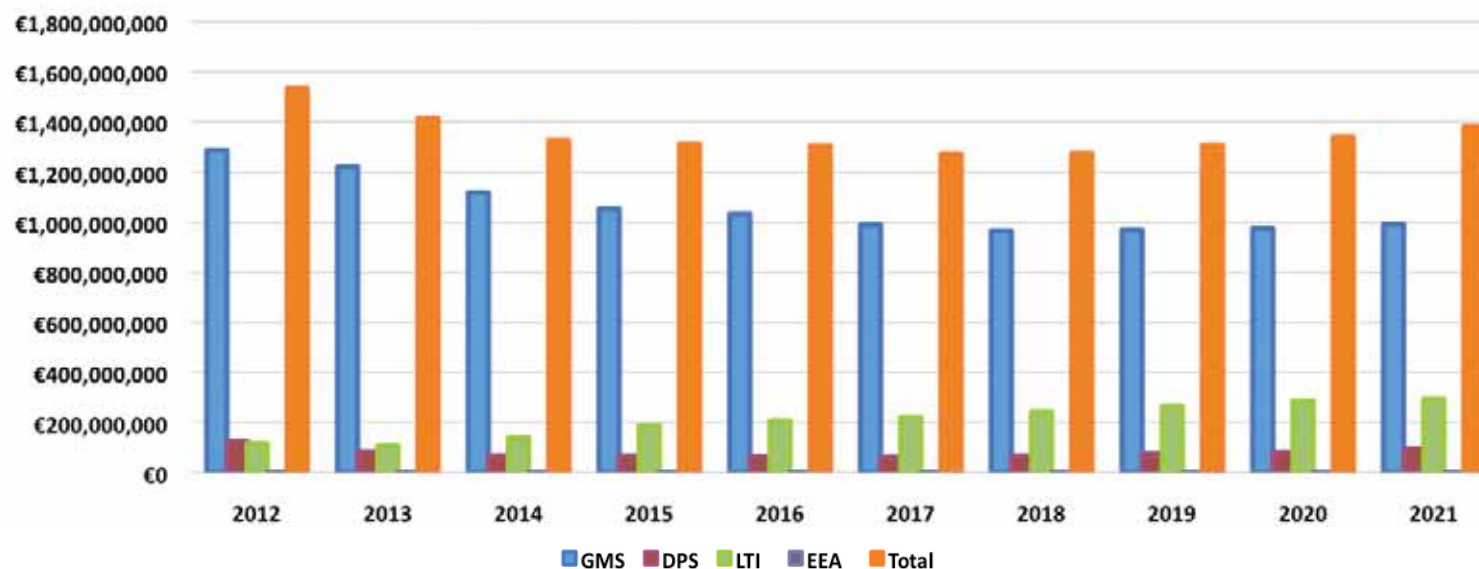
#### Additional payment of claims reimbursed to Pharmacists include:

High Tech Arrangements - Patient Care Fees	€30,998,743
Opioid Substitution Treatment Scheme	€14,235,467
Covid-19 Vaccination Programme	€19,471,445
Influenza Vaccination Scheme	€6,321,915
Health (Amendment) Act 1996	€1,460,291
Dental Treatment Services Scheme	€575,665
Pharmacy Training Grant	€653,489

#### Payments to Wholesalers and Manufacturers for High Tech Drugs and Medicines supplied to Pharmacists:

High Tech Arrangements - Drugs and Medicines	€988,991,228
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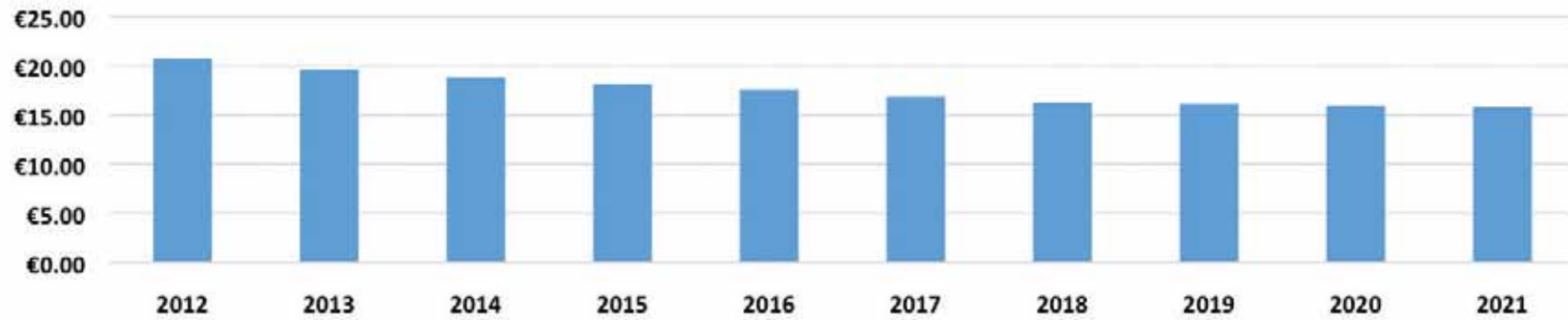
## Payments to Pharmacists: Claims Reimbursed 2012 - 2021



Year	GMS	DPS	LTI	EEA	Total
2012	€1,288,815,871	€125,691,064	€117,101,875	€1,778,697	€1,533,387,507
2013	€1,222,212,846	€84,045,549	€106,510,059	€1,490,790	€1,414,259,244
2014	€1,118,945,050	€67,534,381	€139,191,408	€1,248,767	€1,326,919,606
2015	€1,054,304,114	€67,108,587	€189,483,531	€1,136,724	€1,312,032,956
2016	€1,033,290,114	€65,299,554	€207,444,771	€998,483	€1,307,032,922
2017	€989,833,465	€62,094,671	€221,903,709	€884,229	€1,274,716,074
2018	€966,349,869	€67,362,845	€242,694,497	€816,945	€1,277,224,156
2019	€969,787,344	€75,471,256	€262,624,672	€708,341	€1,308,591,613
2020	€975,255,894	€82,666,086	€283,086,179	€599,158	€1,341,607,317
2021	€991,772,194	€96,139,505	€292,106,251	€402,029	€1,380,419,979



## Average GMS Cost per Pharmacy Item 2012 - 2021

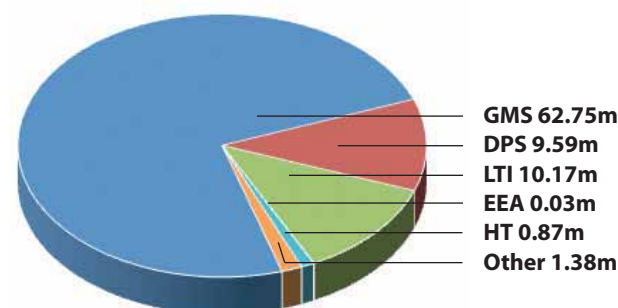


Year	*Total Number of Items	Total Payments	Average Cost per Item
2012	62,084,126	€1,288,815,871	€20.76
2013	62,272,035	€1,222,212,846	€19.63
2014	59,524,407	€1,118,945,050	€18.80
2015	58,093,584	€1,054,304,114	€18.15
2016	58,797,149	€1,033,290,114	€17.57
2017	58,713,753	€989,833,465	€16.86
2018	59,326,912	€966,349,869	€16.29
2019	60,176,425	€969,787,344	€16.12
2020	61,062,484	€975,255,894	€15.97
2021	62,754,498	€991,772,194	€15.80

\*Total number of Items includes Stock Order Items.

## Number of Items Claimed by Pharmacists

### National – Number of Items Claimed 2021



GMS prescription forms processed for payment in the year totalled 18.39m - the total of prescribed items was more than 62.67m - these accounted for approximately 74% of all items paid for by the Primary Care Reimbursement Service in 2021.

Approximately 40.69% of GMS forms contained a single item - 17.22% contained 2 items - the average number per form was approximately 3.41 items (2020 - 3.32).

### Number of Items claimed in each CHO

Community Healthcare Organisation	*GMS	DPS	LTI	EEA	HT	Other	Total
CHO Area 1	5,938,311	526,062	882,878	5,719	66,827	106,017	7,525,814
CHO Area 2	6,700,855	804,242	870,019	5,806	86,173	99,806	8,566,901
CHO Area 3	5,791,596	809,751	929,039	4,435	68,965	105,043	7,708,829
CHO Area 4	9,568,689	1,516,248	1,424,530	5,635	142,319	178,912	12,836,333
CHO Area 5	8,162,482	943,504	1,327,633	2,888	92,549	159,310	10,688,366
CHO Area 6	3,335,585	1,190,181	711,208	394	80,945	106,622	5,424,935
CHO Area 7	8,028,944	1,408,831	1,379,186	712	125,338	228,254	11,171,265
CHO Area 8	8,294,553	1,123,858	1,467,272	1,777	104,246	190,994	11,182,700
CHO Area 9	6,933,483	1,262,453	1,178,105	832	100,107	208,414	9,683,394
<b>National</b>	<b>62,754,498</b>	<b>9,585,130</b>	<b>10,169,870</b>	<b>28,198</b>	<b>867,469</b>	<b>1,383,372</b>	<b>84,788,537</b>

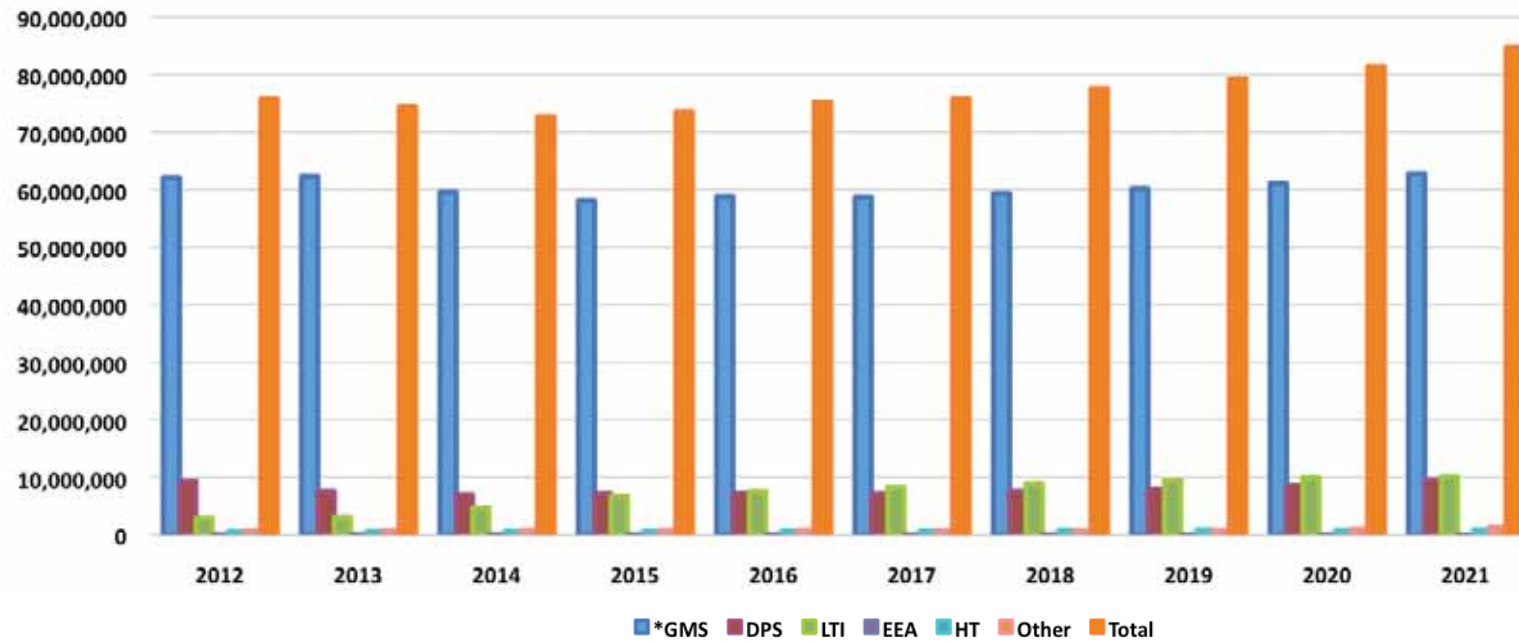
\*GMS includes: claim items and Stock Order items.

Other:	Claims:	Other:	Claims:
Opioid Substitution Treatment Scheme	372,411	Discretionary Hardship Arrangements	164,794
Influenza Vaccinations Scheme	269,497	Dental Treatment Services Scheme	107,670
Covid-19 Vaccination Programme	373,393	Health (Amendment) Act 1996	95,607

**GMS:** General Medical Services. **DPS:** Drugs Payment Scheme. **LTI:** Long Term Illness Scheme. **EEA:** European Economic Area. **HT:** High Tech Arrangements.

**Other:** Opioid Substitution Treatment Scheme, Health (Amendment) Act 1996, Dental Treatment Services Scheme, Vaccinations for GMS eligible persons (through Community Pharmacy) and Discretionary Hardship Arrangements.

## Number of Items Claimed by Pharmacists 2012 - 2021



Year	*GMS	DPS	LTI	EEA	HT	Other	Total
2012	62,084,126	9,333,838	2,944,285	96,991	522,355	743,141	75,724,736
2013	62,272,035	7,629,138	3,030,251	96,570	554,686	795,824	74,378,504
2014	59,524,407	7,007,029	4,696,579	89,210	582,744	815,567	72,715,536
2015	58,093,584	7,158,877	6,759,211	84,328	631,042	815,181	73,542,223
2016	58,797,149	7,203,742	7,593,728	76,369	681,631	823,222	75,175,841
2017	58,713,753	7,135,002	8,304,668	67,970	746,052	795,652	75,763,097
2018	59,326,912	7,633,295	8,936,045	63,739	818,114	767,859	77,545,964
2019	60,176,425	7,901,647	9,464,596	56,577	887,263	782,959	79,269,467
2020	61,062,484	8,554,971	9,952,633	44,867	798,437	1,013,240	81,426,632
2021	62,754,498	9,585,130	10,169,870	28,198	867,469	1,383,372	84,788,537

\*GMS includes: claim items and Stock Order items.

## HSE – Medicines Management Programme (MMP)



The HSE-Medicines Management Programme (MMP) aims to promote safe, effective and cost-effective prescribing in Ireland.

The MMP is a multidisciplinary unit led by Prof. Michael Barry, Clinical Lead, and aims to provide sustained national leadership relating to the quality of the medicines management process, access to medicines and overall expenditure on medicines. The Preferred Drug initiative is an ongoing project supporting prescribers in choosing the most efficient drug option in various therapeutic areas. Evaluations of a variety of clinical areas have also been undertaken along with the development of managed access processes for a number of approved medicines to ensure cost-effective use.

Therapeutic Area	MMP Preferred Drug
PPI	<b>Pantoprazole</b>
Statin	<b>Atorvastatin</b>
ACE inhibitor	<b>Ramipril</b>
ARB	<b>Candesartan</b>
Beta blocker	<b>Bisoprolol</b>
Calcium channel blocker	<b>Amlodipine</b>
Oral anticoagulant	<b>Warfarin or Apixaban</b>
SSRI	<b>Sertraline</b>
SNRI	<b>Venlafaxine</b>
Urinary agent	<b>Tolterodine prolonged-release (under review)</b>

ACE: angiotensin-converting enzyme; ARB: angiotensin-II receptor blocker; PPI: proton pump inhibitor; SNRI: serotonin and noradrenaline reuptake inhibitor; SSRI: selective serotonin reuptake inhibitor

### Dry Eye Syndrome

The MMP has published a Prescribing and Cost Guidance document for the treatment of dry eye syndrome (DES). Total expenditure on the Community Drug Schemes on topical treatments available over the counter for DES was €11.25 million in 2020. The Guidance document and associated Tips and Tools recommend first-line treatment options based on clinical evidence and cost, and are intended to promote best practice and appropriate prescribing in this therapeutic area.

### MMP – Managed access processes

Reimbursement application systems are available through PCRS online services for:

- **Versatis® (lidocaine) medicated plasters:** indication-based reimbursement approval for post-herpetic neuralgia (PHN) and a managed approach to reimbursement recommendations for off-label use is undertaken by the MMP.
- **Entresto® (sacubitril/valsartan) film-coated tablets:** reimbursement is supported for a specific cohort of patients with symptomatic chronic heart failure through a managed access approach.
- **Standard oral nutritional supplements (List B):** non first-line standard oral nutritional supplements (List B) require prior reimbursement approval.

Managed Access protocols are in place for a number of medicines available under the High Tech Arrangement (e.g. CGRP MABs, lanadelumab, PCSK9 inhibitors, tafamidis, teduglutide, tolvaptan [Jinarc®], treatments for moderate-to-severe atopic dermatitis) and Hospital Arrangement (e.g. eculizumab, nusinersen, onasemnogene abeparvovec [Zolgensma®], patisiran).

Further information is available under “Managed Access Protocols” at [www.hse.ie/yourmedicines](http://www.hse.ie/yourmedicines).

### MMP – Evaluation reports

The MMP has published guidance to support prescribers in the following areas:

- Inhaled medicines for chronic obstructive pulmonary disease (COPD)
- Benzodiazepines and z-drugs (BZRA) for the treatment of anxiety and insomnia
- Oral anticoagulants for stroke prevention in non-valvular atrial fibrillation
- The use of aspirin in the primary prevention of cardiovascular disease.

**Abbreviations:** CGRP MABs: calcitonin gene-related peptide monoclonal antibodies; PCSK9: proprotein convertase subtilisin/kexin type 9

Further information on these initiatives is available on: [www.hse.ie/yourmedicines](http://www.hse.ie/yourmedicines)

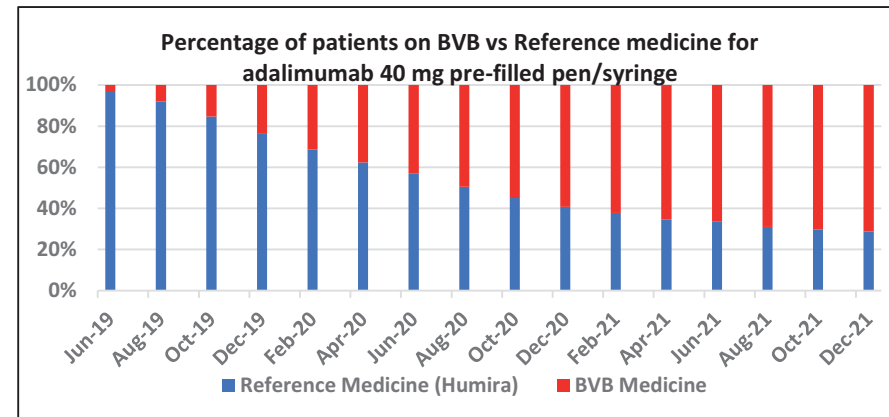
## HSE–Medicines Management Programme



### Best-value biological (BVB) medicines

In May 2019, the HSE-Medicines Management Programme (MMP) identified best-value biological (BVB) medicines for adalimumab and etanercept. The MMP, in conjunction with the PCRS, is actively engaging with clinical teams in the specialities of dermatology, gastroenterology and rheumatology to support the prescribing of the BVB medicines. By the end of 2021, over 16,777 patients had been prescribed one of the identified BVB medicines for adalimumab or etanercept.

The MMP has identified additional biological medicines for which it may initiate a BVB medicine or best-value medicine (BVM) process in 2022; filgrastim, follitropin alfa, pegfilgrastim and teriparatide.

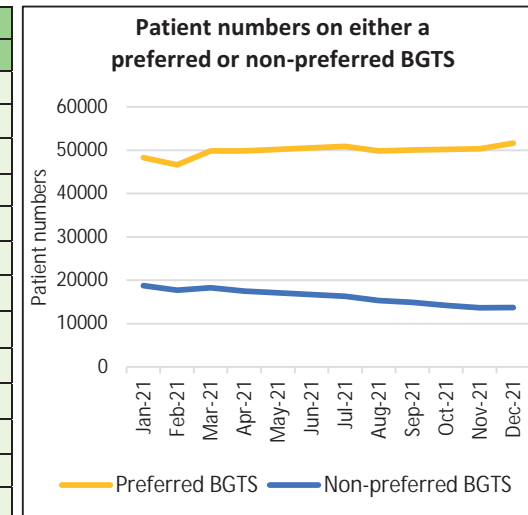


### Preferred Blood Glucose Test Strips (BGTS)

Total expenditure on BGTS in 2020 was approximately €40.3 million. The MMP undertook an evaluation to identify preferred BGTS with associated meters for adults with type 1 and type 2 diabetes mellitus, with the publication of a preferred BGTS list in January 2021. The MMP identified a list of preferred BGTS with associated meters to ensure that there are a variety of options available. There has been an increase in the utilisation of the preferred BGTS, accompanied by a decrease in the utilisation of the non-preferred BGTS. The MMP updated the list of preferred BGTS at the end of 2021. Monitoring of the utilisation of the preferred BGTS will continue in 2022.

Preferred BGTS		
Code	BGTS	Price*
85131	Finetest Lite blood glucose test strips	€6.95
97637	Microdot Max blood glucose test strips	€7.46
85132	Accu-Chek Instant test strips	€8.54
85110	Glucomen Areo Sensor test strips	€9.44
97607	Mylife Unio test strips	€10.50
94170	4Sure blood glucose test strips	€11.22
85120	GlucorX Nexus test strips	€11.27
85139	GlucorX HCT glucose test strips	€11.27
85543	Accu-Chek Mobile test cassette	€11.81
15963	Contour Next blood glucose test strips	€14.30
68321	One Touch Verio test strips	€14.30
10051	Freestyle Optium test strips	€14.30

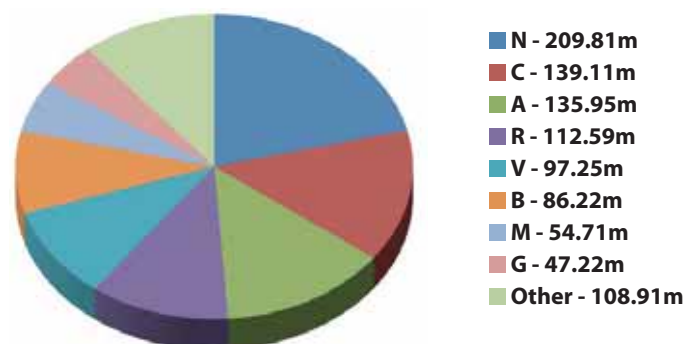
\*Reimbursement price as of 01/12/2021



Resources to support these initiatives are available on the MMP website: [www.hse.ie/yourmedicines](http://www.hse.ie/yourmedicines)

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

National 2021

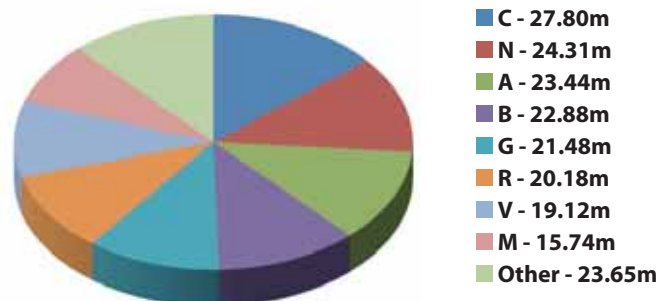


Major Therapeutic Classification		€m	Prescribing frequency
<b>A</b>	<b>Alimentary Tract and Metabolism</b>	<b>135.95</b>	<b>10,007,720</b>
<b>B</b>	<b>Blood and Blood Forming Organs</b>	<b>86.22</b>	<b>4,534,152</b>
<b>C</b>	<b>Cardiovascular System</b>	<b>139.11</b>	<b>13,119,144</b>
<b>D</b>	Dermatologicals	24.21	1,495,517
<b>G</b>	<b>Genito Urinary System and Sex Hormones</b>	<b>47.22</b>	<b>2,539,051</b>
<b>H</b>	Systemic Hormonal Preps. excl. Sex Hormones and Insulins	21.23	2,739,801
<b>J</b>	Antiinfectives for Systemic Use	25.91	2,112,224
<b>L</b>	Antineoplastic and Immunomodulating Agents	9.54	373,729
<b>M</b>	<b>Musculo-Skeletal System</b>	<b>54.71</b>	<b>3,156,197</b>
<b>N</b>	<b>Nervous System</b>	<b>209.81</b>	<b>13,857,403</b>
<b>P</b>	Antiparasitic Products, Insecticides and Repellents	1.57	137,169
<b>R</b>	<b>Respiratory System</b>	<b>112.59</b>	<b>5,501,018</b>
<b>S</b>	Sensory Organs	26.45	1,692,227
<b>V</b>	<b>Various (below)</b>	<b>97.25</b>	<b>1,489,146</b>
	Clinical Nutritional Products	44.99	551,634
	Ostomy Requisites	23.97	374,414
	Urinary Requisites	14.39	161,601
	Diagnostic Products	4.62	135,459
	Dressings	2.80	40,815
	Other Therapeutic Products	2.30	23,669
	Needles/Syringes/Lancets	1.66	78,482
	Allergens	0.13	1,482
	Miscellaneous	2.39	121,590
	<b>Total</b>	<b>€991.77m</b>	<b>62,754,498</b>

Note: The above table shows total expenditure i.e. ingredient cost, fees and VAT where applicable.

## DPS: Major Therapeutic Classification of Drugs, Medicines and Appliances

National 2021

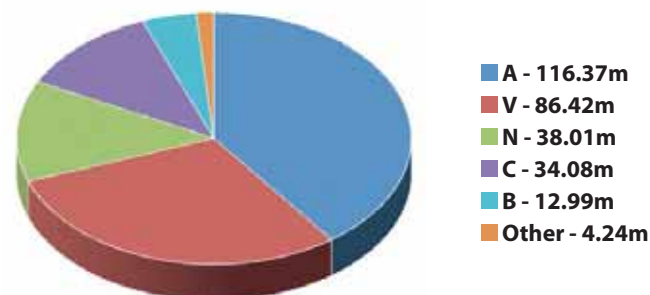


Major Therapeutic Classification		€m	Prescribing frequency
<b>A</b>	<b>Alimentary Tract and Metabolism</b>	<b>23.44</b>	<b>1,431,610</b>
<b>B</b>	<b>Blood and Blood Forming Organs</b>	<b>22.88</b>	<b>797,427</b>
<b>C</b>	<b>Cardiovascular System</b>	<b>27.80</b>	<b>2,252,606</b>
<b>D</b>	Dermatologicals	5.08	215,776
<b>G</b>	<b>Genito Urinary System and Sex Hormones</b>	<b>21.48</b>	<b>493,404</b>
<b>H</b>	Systemic Hormonal Preps. excl. Sex Hormones and Insulins	4.19	472,635
<b>J</b>	Antiinfectives for Systemic Use	5.58	330,385
<b>L</b>	Antineoplastic and Immunomodulating Agents	3.95	117,303
<b>M</b>	<b>Musculo-Skeletal System</b>	<b>15.74</b>	<b>468,807</b>
<b>N</b>	<b>Nervous System</b>	<b>24.31</b>	<b>1,561,535</b>
<b>P</b>	Antiparasitic Products, Insecticides and Repellents	0.43	30,212
<b>R</b>	<b>Respiratory System</b>	<b>20.18</b>	<b>901,683</b>
<b>S</b>	Sensory Organs	4.42	237,197
<b>V</b>	<b>Various (below)</b>	<b>19.12</b>	<b>274,550</b>
	Ostomy Requisites	6.16	80,838
	Clinical Nutritional Products	5.96	62,859
	Urinary Requisites	3.14	25,274
	Diagnostic Products	0.60	13,239
	Other Therapeutic Products	0.49	5,107
	Needles/Syringes/Lancets	0.41	33,608
	Allergens	0.35	3,999
	Dressings	0.19	2,535
	Miscellaneous	1.82	47,091
	<b>Total</b>	<b>€198.60m</b>	<b>9,585,130</b>

Note: (i) The above costs are inclusive of the monthly co-payment of €114 (1st November 2020) payable to the Pharmacy by an individual or family.  
(ii) The above table shows total expenditure i.e. ingredient cost, fees and VAT where applicable.

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

### National 2021

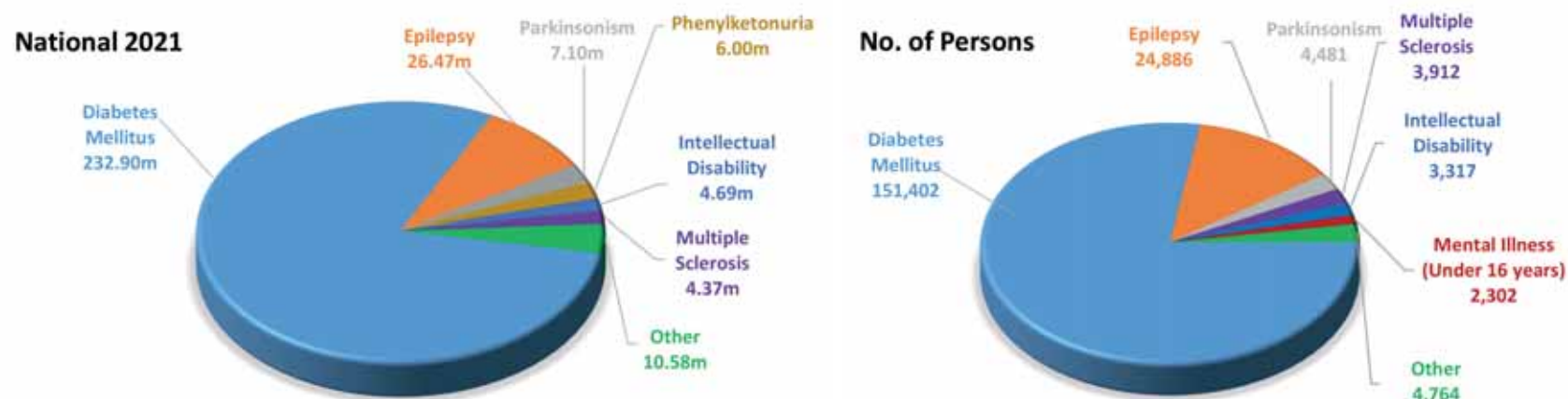


Major Therapeutic Classification		€m	Prescribing frequency
<b>A</b>	<b>Alimentary Tract and Metabolism</b>	<b>116.37</b>	<b>2,921,009</b>
<b>B</b>	<b>Blood and Blood Forming Organs</b>	<b>12.99</b>	<b>950,942</b>
<b>C</b>	<b>Cardiovascular System</b>	<b>34.08</b>	<b>3,673,508</b>
<b>D</b>	Dermatologicals	0.03	1,185
<b>G</b>	Genito Urinary System and Sex Hormones	0.79	27,872
<b>H</b>	Systemic Hormonal Preps. excl. Sex Hormones and Insulins	1.14	37,580
<b>J</b>	Antiinfectives for Systemic Use	0.90	27,536
<b>L</b>	Antineoplastic and Immunomodulating Agents	0.12	1,520
<b>M</b>	Musculo-Skeletal System	0.48	27,502
<b>N</b>	<b>Nervous System</b>	<b>38.01</b>	<b>943,143</b>
<b>P</b>	Antiparasitic Products, Insecticides and Repellents	0.02	337
<b>R</b>	Respiratory System	0.63	22,904
<b>S</b>	Sensory Organs	0.13	3,416
<b>V</b>	<b>Various (below)</b>	<b>86.42</b>	<b>1,531,416</b>
	Diagnostic Products	53.42	869,794
	Needles/Syringes/Lancets	18.03	475,002
	Clinical Nutritional Products	8.16	53,421
	Urinary Requisites	3.16	19,080
	Nutritional/Ancillary Devices	0.36	1,591
	Ostomy Requisites	0.25	3,536
	Dressings	0.06	632
	Other Therapeutic Products	0.03	236
	Miscellaneous	2.95	108,124
	<b>Total</b>	<b>€292.11m</b>	<b>10,169,870</b>

Note: The above table shows total expenditure i.e. ingredient cost, fees and VAT where applicable.



## LTI: Spend by Illness 2021

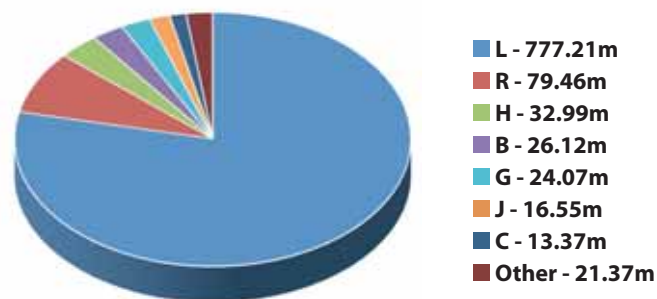


Long Term Illness		€m	No. of Persons
<b>A</b>	<b>Intellectual Disability</b>	<b>4.69</b>	<b>3,317</b>
<b>B</b>	Hydrocephalus	0.51	221
<b>C</b>	Cerebral Palsy	1.87	881
<b>D</b>	Muscular Dystrophy	0.20	194
<b>E</b>	Haemophilia	0.02	48
<b>F</b>	<b>Diabetes Mellitus (does not include Gestational Diabetes)</b>	<b>232.90</b>	<b>151,402</b>
<b>G</b>	Diabetes Insipidus	0.32	251
<b>H</b>	<b>Epilepsy</b>	<b>26.47</b>	<b>24,886</b>
<b>J</b>	<b>Multiple Sclerosis</b>	<b>4.37</b>	<b>3,912</b>
<b>K</b>	<b>Parkinsonism</b>	<b>7.10</b>	<b>4,481</b>
<b>L</b>	Cystic Fibrosis	3.93	1,394
<b>M</b>	<b>Phenylketonuria (PKU)</b>	<b>6.00</b>	<b>690</b>
<b>N</b>	Acute Leukaemia	0.40	399
<b>P</b>	<b>Mental Illness (Under 16 years)</b>	<b>1.20</b>	<b>2,302</b>
<b>Q</b>	Spina Bifida	2.13	684
<b>R</b>	Thalidomide Conditions	0.00	2
	<b>Total</b>	<b>€292.11m</b>	<b>195,064</b>

Note: (i) Based on data available from claims submitted by pharmacies.  
(ii) Number of Persons dispensed to is based on Primary Illness.

## High Tech: Major Therapeutic Classification of Drugs and Medicines

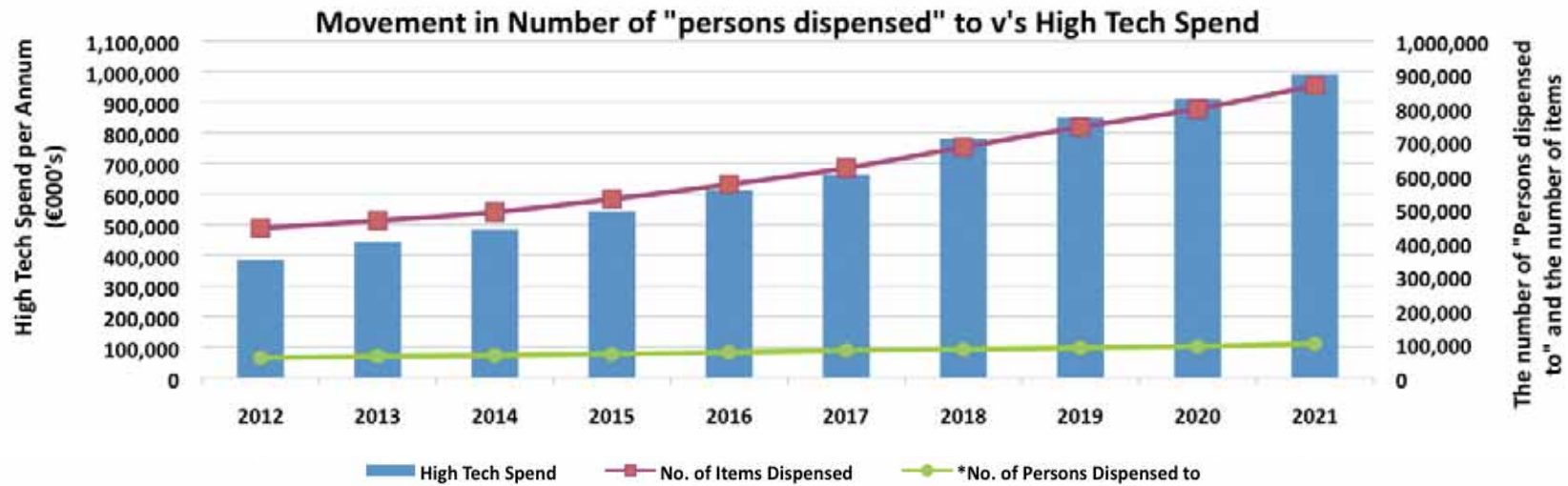
### National 2021



Major Therapeutic Classification		€m	Prescribing frequency
<b>A</b>	Alimentary Tract and Metabolism	5.99	1,720
<b>B</b>	<b>Blood and Blood Forming Organs</b>	<b>26.12</b>	<b>38,887</b>
<b>C</b>	<b>Cardiovascular System</b>	<b>13.37</b>	<b>12,837</b>
<b>D</b>	Dermatologicals	2.03	2,215
<b>G</b>	<b>Genito Urinary System and Sex Hormones</b>	<b>24.07</b>	<b>28,818</b>
<b>H</b>	<b>Systemic Hormonal Preps. excl. Sex Hormones and Insulins</b>	<b>32.99</b>	<b>62,674</b>
<b>J</b>	<b>Antiinfectives for Systemic Use</b>	<b>16.55</b>	<b>18,398</b>
<b>L</b>	<b>Antineoplastic and Immunomodulating Agents</b>	<b>777.21</b>	<b>664,546</b>
<b>M</b>	Musculo-Skeletal System	4.58	7,068
<b>N</b>	Nervous System	6.52	6,101
<b>R</b>	<b>Respiratory System</b>	<b>79.46</b>	<b>21,970</b>
<b>V</b>	Various (below)	2.25	2,235
	Other Therapeutic Products	2.25	2,235
	<b>Total</b>	<b>€991.14m</b>	<b>867,469</b>

Note: The above table shows total expenditure i.e. ingredient cost, fees and VAT where applicable, based on claims submitted by Pharmacists.

## High Tech Trends 2012 - 2021



The graph illustrates how the increase in the number of people dispensed to has impacted on the High Tech spend over a 10 year period 2012 - 2021.

Year	High Tech Spend	No. of Items Dispensed	*No. of Persons Dispensed to
2012	€385,035,723	443,981	59,276
2013	€442,271,580	466,485	63,701
2014	€484,706,257	491,678	66,264
2015	€544,185,172	530,368	70,321
2016	€611,737,633	573,867	74,877
2017	€664,215,525	622,596	81,580
2018	€781,234,364	684,582	84,109
2019	€849,224,988	744,377	88,748
2020	€909,793,962	798,437	92,693
2021	€991,143,684	867,469	101,151

\* Based on data available from claims submitted by Pharmacists.



The background of the slide is an abstract composition of overlapping, semi-transparent blue shapes that create a sense of fluid motion and depth. The colors range from a deep, vibrant blue to a very light, almost white blue. The shapes are primarily curved and layered, giving the impression of waves or flowing fabric. The overall effect is modern and professional.

# **DENTAL SECTION**

## Scale of Fees Payable under the Dental Treatment Services Scheme as at 31st December 2021

Treatment Type	Routine €
Oral Examination	33.00
Prophylaxis	31.00
Restoration (Amalgam)	50.06
Restoration (Composite) 6 anterior teeth only	51.88
Exodontics (Extraction under local anaesthetic)	39.50
Surgical Extraction - Maximum 2 units:	
Fee payable for each 15 minute unit	35.00
Maximum payable	70.00
1st Stage Endodontic Treatment (Anterior teeth only)	57.30
<b>Denture Repairs</b>	
1st Item of Repair	47.86
Each Subsequent Item	15.34
Maximum payable	78.54
Apicectomy / Amputation of Roots	168.70
Endodontics (Anterior teeth only)	137.66
Protracted Periodontal Treatment per visit (Max 4)	26.36
<b>Miscellaneous</b>	
(e.g. Haemorrhage and Prescriptions only)	22.65
<b>Prosthetics</b>	
Full Upper or Lower Denture	326.22
Partial Upper or Lower Acrylic Denture	239.27
Complete Upper or Lower Reline	130.59
Complete Upper and Lower Reline	217.38
Full Upper and Lower Denture	478.74

## Payments to Dentists: Claims Reimbursed 2021

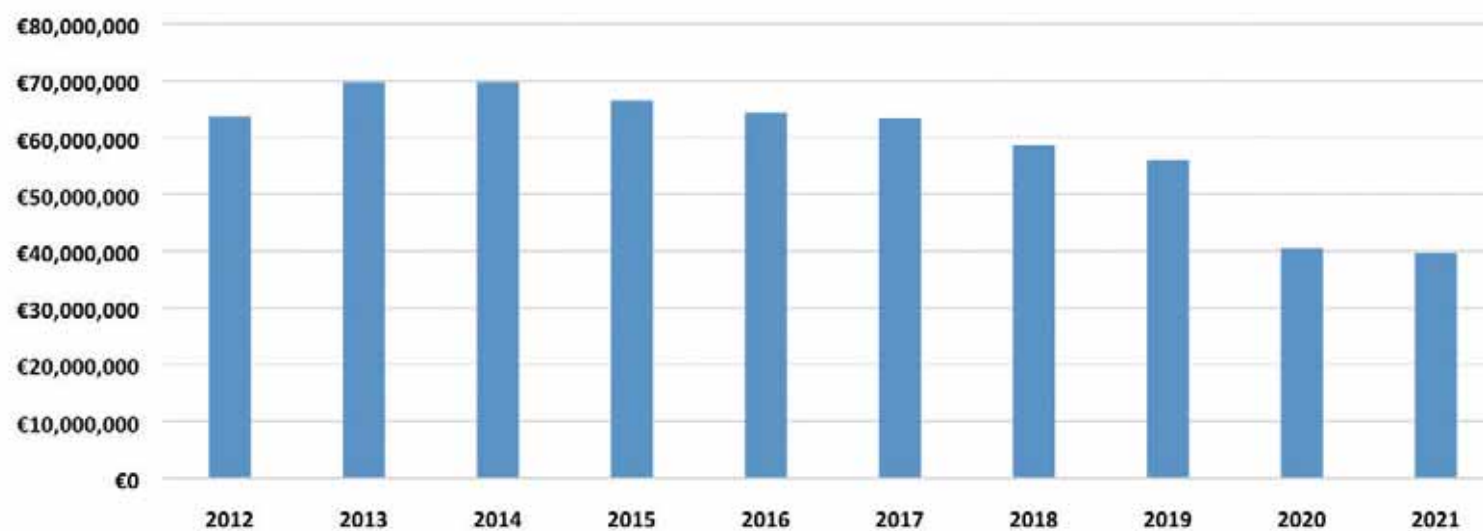
Above the Line €29.32m	Below the Line €10.32m
<p>Dentists were reimbursed a total of €39.64m in 2021, in respect of treatments provided for 264,591 GMS persons under the DTS Scheme.</p> <p>The following treatments were available to all GMS eligible persons.</p> <p><b>ROUTINE:</b> Routine treatments are categorised as either 'Above the Line' or 'Below the Line';</p> <p>'Above the Line' treatments are uncomplicated procedures e.g. Amalgam (Filling); Extractions;</p> <p>'Below the Line' treatments are advanced procedures e.g. Protracted Periodontal; Prosthetics.</p>	<p>'Below the Line' treatments - prior Health Service Executive approval for a specific course of treatment under this category is required. Full denture treatment is available, with prior Health Service Executive approval, to all eligible GMS persons over 16 years.</p>

### Payments to Dentists: Claims Reimbursed in each CHO

Community Healthcare Organisation	2021
CHO Area 1	€5,119,894
CHO Area 2	€3,667,043
CHO Area 3	€3,695,254
CHO Area 4	€6,226,166
CHO Area 5	€5,611,864
CHO Area 6	€1,681,528
CHO Area 7	€4,593,467
CHO Area 8	€5,296,772
CHO Area 9	€3,744,367
<b>National</b>	<b>€39,636,355</b>

Note: (i) Figures include reimbursed fees in respect of Health (Amendment) Act 1996 claims.  
(ii) Payments detailed reflect the services available during the Covid-19 pandemic.

## Payments to Dentists: Claims Reimbursed 2012 - 2021



Year	Payments to Dentists
2012	€63,717,122
2013	€69,749,991
2014	€69,782,332
2015	€66,505,516
2016	€64,393,261
2017	€63,369,808
2018	€58,680,201
2019	€56,075,566
2020	€40,549,163
2021	€39,636,355

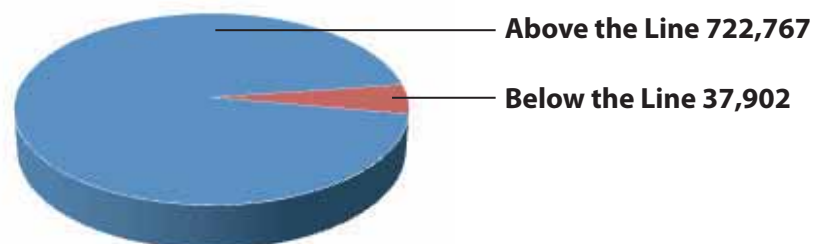
Note: (i) Figures include reimbursed fees in respect of Health (Amendment) Act 1996 claims.

(ii) Payments detailed reflect the services available during the Covid-19 pandemic.



## Number of Dental Treatments Claimed 2021

### National – Number of Treatments Claimed 2021



### Number and Value of Dental Treatments Claimed by CHO

Community Healthcare Organisation	*Above the Line	**Below the Line	***No. of Persons Treated	Value of Reimbursements
CHO Area 1	87,321	5,138	33,268	€5,119,894
CHO Area 2	71,261	3,108	27,436	€3,667,043
CHO Area 3	70,747	3,200	25,189	€3,695,254
CHO Area 4	118,244	5,347	43,088	€6,226,166
CHO Area 5	101,663	6,274	35,394	€5,611,864
CHO Area 6	30,400	1,391	11,186	€1,681,528
CHO Area 7	83,118	4,299	30,874	€4,593,467
CHO Area 8	94,244	5,273	35,211	€5,296,772
CHO Area 9	65,769	3,872	22,945	€3,744,367
<b>National</b>	<b>722,767</b>	<b>37,902</b>	<b>264,591</b>	<b>€39,636,355</b>

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

*'Above the Line' (ATL) treatments are uncomplicated procedures;*

*'Below the Line' (BTL) treatments are advanced procedures.*

*\* The most frequently used ATL service was Oral Examination, which was used by 234,150 patients followed by Amalgam Restoration.*

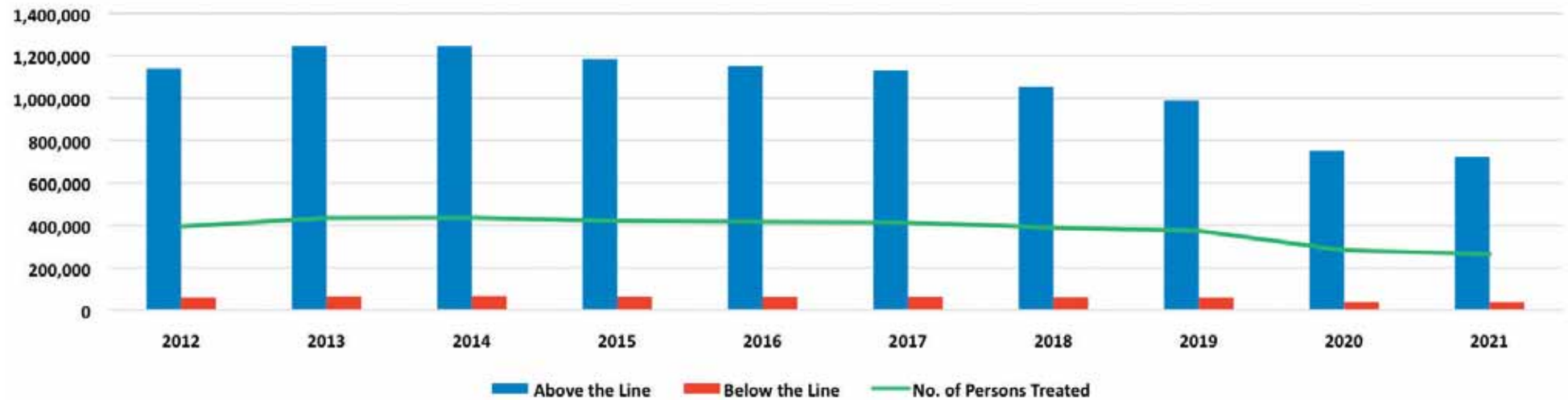
*\*\* In the BTL category the most frequently used service was Prosthetics followed by Protracted Periodontal and Endodontics.*

*\*\*\* This figure is the number of unique GMS persons treated.*

*Note: (i) Figures include reimbursed fees in respect of Health (Amendment) Act 1996 claims.*


*(ii) Payments detailed reflect the services available during the Covid-19 pandemic.*

## Number of Dental Treatments Claimed 2012 - 2021



Year	Above the Line	Below the Line	No. of Persons Treated
2012	1,138,977	59,147	394,399
2013	1,245,215	65,558	435,292
2014	1,245,135	67,248	436,433
2015	1,186,342	64,583	420,459
2016	1,151,562	63,480	416,662
2017	1,131,347	63,383	413,111
2018	1,053,116	60,658	389,791
2019	990,169	59,124	374,408
2020	752,494	38,233	282,796
2021	722,767	37,902	264,591

Note: Figures from 2017 include claims in respect of Health (Amendment) Act 1996.



# **OPTICAL SECTION**

## Scale of Fees Payable under the Health Service Executive Community Ophthalmic Services Scheme

As at 31st December 2021	€	As at 31st December 2021	€
<b>Examinations</b>		<b>Single Vision Lenses to Own Frame</b>	
Eye Examination Ophthalmic Optician	22.51	Replacement Distance Lens (1) to own Frame	16.46
Eye Examination Ophthalmologist / Ophthalmic Medical Practitioner	24.78	Replacement Distance Lenses (2) to own Frame	32.94
Medical Eye Examination by Ophthalmologist	49.58	Replacement Reading Lens (1) to own Frame	16.46
Eye Examination for Contact Lenses (Grant)	68.44 (H)	Replacement Reading Lenses (2) to own Frame	32.94
Eye Examination Ophthalmic (Dilation)	45.03	<b>Single Vision Lenses to Non-Standard Frame</b>	
Domiciliary Visit Ophthalmic Optician	67.53	Single Vision Lens (1) (Glass) Distance	23.70 (H)
Domiciliary Visit Ophthalmologist / Ophthalmic Medical Practitioner	67.53	Single Vision Lenses (2) (Glass) Distance	47.41 (H)
<b>Domiciliary Fees</b>		Single Vision Lens (1) (Glass) Reading	23.70 (H)
1st Patient Exam	67.53	Single Vision Lenses (2) (Glass) Reading	47.41 (H)
2nd Patient Exam	45.02	Single Vision Lens (1) (Plastic) Distance	27.03 (H)
3rd - 15th Patient Exam	22.51	Single Vision Lenses (2) (Plastic) Distance	54.06 (H)
1st Patient Dilation	22.51	Single Vision Lens (1) (Plastic) Reading	27.03 (H)
2nd Patient Dilation	15.00	Single Vision Lenses (2) (Plastic) Reading	54.06 (H)
3rd - 15th Patient Dilation	7.50	<b>Additional Specification For Lenses To All Spectacle Types</b>	
<b>Appliances</b>		Special grant towards additional specification for Lens (1)	82.62 (H)
<b>Single Vision Complete Appliances</b>		- applies to all spectacle types	
Spectacles - Distance	42.37	Special grant towards additional specification for Lenses (2)	165.26 (H)
Spectacles - Reading	42.37	- applies to all spectacle types	
Spectacles - Uncollected	29.49		
Contact Lenses (Pair)	42.36		
Contact Lenses Standard or Disposable per pair (Grant)	64.78 (H)		
Single Vision Spectacles - with Glass Lenses Distance	122.85 (H)		
Single Vision Spectacles - with Glass Lenses Reading	122.85 (H)		
Single Vision Spectacles - with Plastic Lenses Distance	132.00 (H)		
Single Vision Spectacles - with Plastic Lenses Reading	132.00 (H)		

**(H)** Denotes Fees Payable in Respect of Services under the Health (Amendment) Act 1996 only.

Note: (i) Domiciliary Fees: Adults requiring a domiciliary visit in a hospital or other group care setting.

(ii) Where applicable values are inclusive of materials and VAT.

## Scale of Fees Payable under the Health Service Executive Community Ophthalmic Services Scheme continued

As at 31st December 2021	€	As at 31st December 2021	€
<b>Other Items - Single Vision</b>		<b>Bifocals</b>	
Lenticular Lens (1 Surface)	11.75	Spectacles Bifocal Complete	84.19
Lenticular Lenses (2 Surfaces)	23.51	Fused Bifocal Spectacles	163.88 (H)
Lenticular Lenses (3 Surfaces)	35.27	Varifocal Spectacles - Glass or Plastic	252.73 (H)
Lenticular Lenses (4 Surfaces)	47.02		
Tinted Lens (1)	7.49	<b>Bifocal Lenses</b>	
Tinted Lenses (2)	14.98	Replacement Bifocal Lens (1) to own Frame	37.43
Tinted Lenses (3)	22.47	Replacement Bifocal Lenses (2) to own Frame	74.85
Tinted Lenses (4)	29.97	Bifocal Lens (1) to Non-Standard Frames	48.15 (H)
Prism (1)	6.36	Bifocal Lenses (2) to Non-Standard Frames	96.32 (H)
Prisms (2)	12.72	Varifocal Lens (1) (Grant)	95.61 (H)
Prisms (3)	19.09	Varifocal Lenses (2) (Grant)	191.20 (H)
Prisms (4)	25.45		
Prisms (5)	31.81	<b>Other Items - Bifocals</b>	
Prisms (6)	38.17	Sphere over 6.00 and up to 9.00 extra charge (1) Lens	4.22
Prisms (7)	44.53	Sphere over 6.00 and up to 9.00 extra charge (2) Lenses	8.44
Prisms (8)	50.90	Sphere over 9.00 extra charge (1) Lens	9.37
Dioptric powers higher than 8.00 (1) Lens	6.25	Sphere over 9.00 extra charge (2) Lenses	18.75
Dioptric powers higher than 8.00 (2) Lenses	12.50	Tinted Lens (1)	8.27
Dioptric powers higher than 8.00 (3) Lenses	18.75	Tinted Lenses (2)	16.55
Dioptric powers higher than 8.00 (4) Lenses	24.99	Prism (1)	8.84
Anti-Reflective Coating on Plastic Lens (1)	18.33 (H)	Prisms (2)	17.67
Anti-Reflective Coating on Plastic Lenses (2)	36.66 (H)		
Dioptric powers higher than 6.00 (Plastic) (1) Lens	15.62	<b>Repairs</b>	
Dioptric powers higher than 6.00 (Plastic) (2) Lenses	31.24	Replacement Frame to own Lenses	12.16
Dioptric powers higher than 6.00 (Plastic) (3) Lenses	46.86	Replacement front to own Lenses	5.83
Dioptric powers higher than 6.00 (Plastic) (4) Lenses	62.48	Replacement Side (1) to own Frame	2.45
Plastic Lens (1) for children as prescribed	4.73	Replacement Sides (2) to own Frame	4.90
Plastic Lenses (2) for children as prescribed	9.45	Complete new Frames	90.60 (H)
Plastic Lens (1) Adult	4.58 (H)		
Plastic Lenses (2) Adult	9.16 (H)		

(H) Denotes Fees Payable in Respect of Services under the Health (Amendment) Act 1996 only.

Note: Where applicable values are inclusive of materials and VAT.

## Payments to Optometrists/Ophthalmologists: Claims Reimbursed 2021

The Community Ophthalmic Services Scheme (COSS) provides access to certain Optical treatments to eligible persons living in the community. Reimbursement for adult medical card holders, which include free eye examinations and necessary spectacles/appliances, is made by the Primary Care Reimbursement Service (PCRS).

Payment is also made by PCRS for teenage medical card holders for eye examinations and necessary spectacles/appliances and for necessary spectacles/appliances for children.

In the 12-month period to the end of December 2021, claims were received on behalf of 268,979 GMS persons for 660,334 treatments costing €25,107,697.

Eye examinations by Optometrists/Ophthalmologists totalled 253,817; complete spectacles (distance, reading and bi-focals) and other appliances provided under the Scheme totalled 406,517.

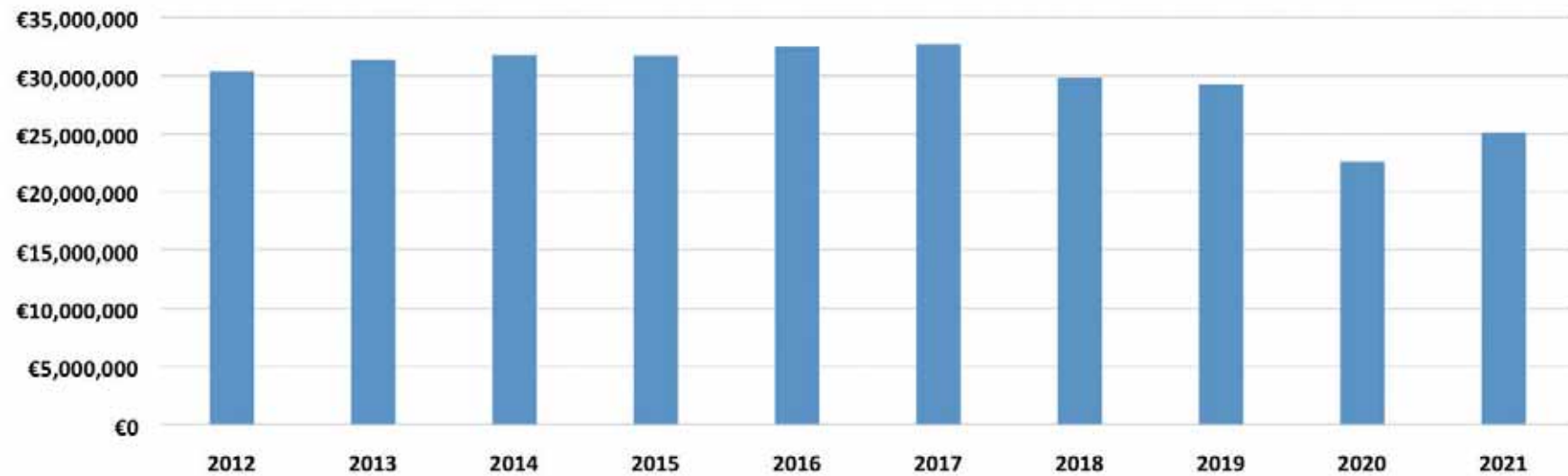
### Payments to Optometrists/Ophthalmologists: Claims Reimbursed in each CHO

Community Healthcare Organisation	2021
CHO Area 1	€2,696,751
CHO Area 2	€2,739,518
CHO Area 3	€2,303,736
CHO Area 4	€3,802,379
CHO Area 5	€3,682,574
CHO Area 6	€1,371,865
CHO Area 7	€3,023,910
CHO Area 8	€3,238,974
CHO Area 9	€2,247,990
<b>National</b>	<b>€25,107,697</b>

Note: (i) Payments include services for Children, Teenagers and Health (Amendment) Act 1996.

(ii) Payments detailed reflect the services available during the Covid-19 pandemic.

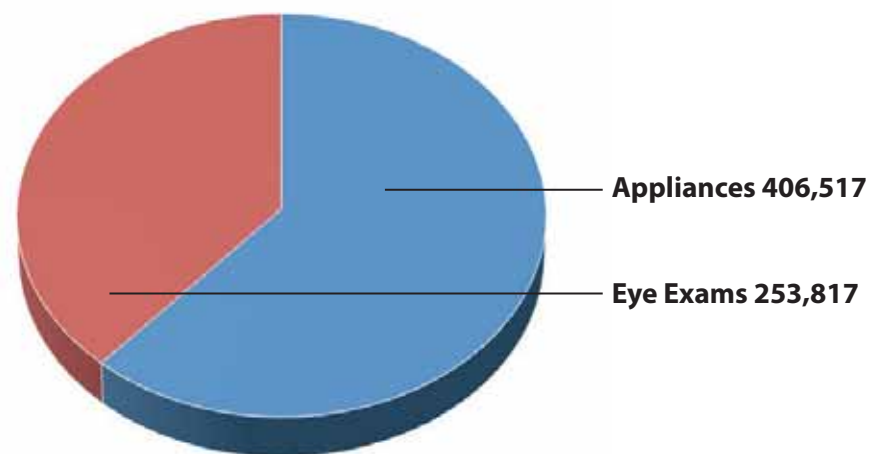
## Payments to Optometrists/Ophthalmologists: Claims Reimbursed 2012 - 2021



Year	Payments to Optometrists/Ophthalmologists
2012	€30,355,035
2013	€31,400,553
2014	€31,787,039
2015	€31,743,068
2016	€32,508,917
2017	€32,706,469
2018	€29,832,040
2019	€29,261,845
2020	€22,581,523
2021	€25,107,697

## Number of Treatments by Optometrists/Ophthalmologists

### National Number of Treatments 2021



### Number of Treatments by Optometrists/Ophthalmologists in each CHO

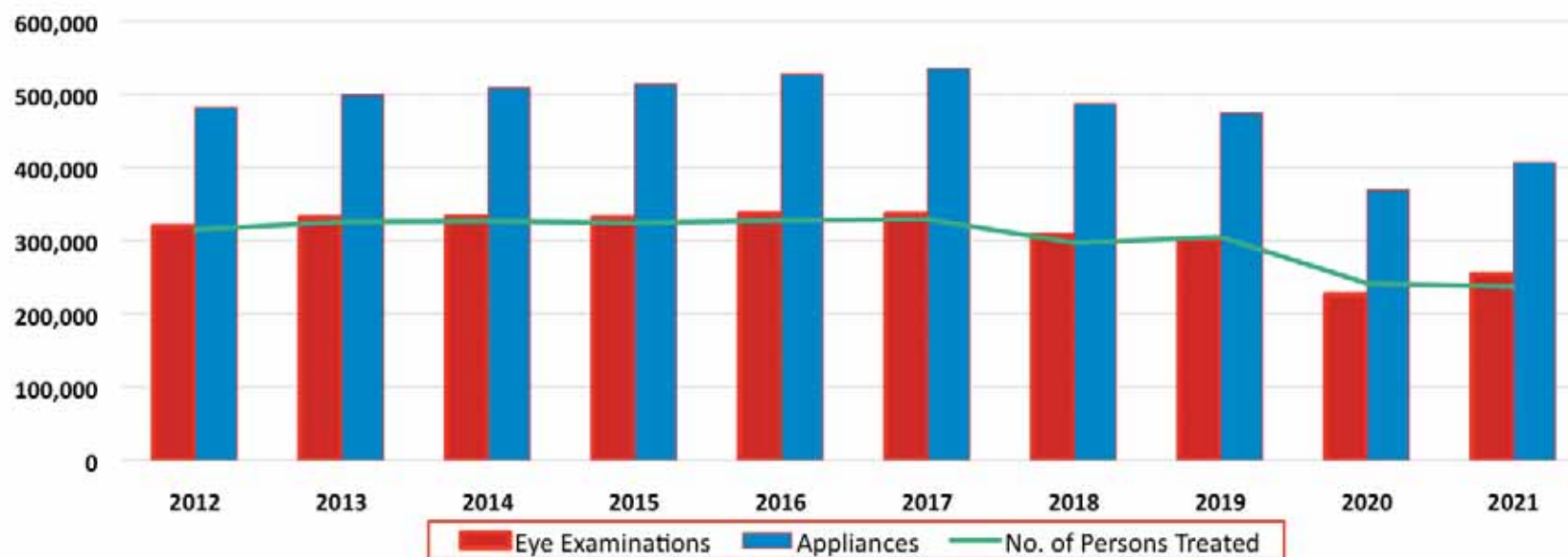
Community Healthcare Organisation	Eye Examinations	Appliances	No. of Persons Treated	Value of Reimbursements
CHO Area 1	27,375	44,271	30,362	€2,696,751
CHO Area 2	25,899	47,405	29,826	€2,739,518
CHO Area 3	23,768	38,868	25,997	€2,303,736
CHO Area 4	40,376	59,551	39,043	€3,802,379
CHO Area 5	35,408	65,793	40,778	€3,682,574
CHO Area 6	16,072	16,710	13,925	€1,371,865
CHO Area 7	30,013	47,051	31,726	€3,023,910
CHO Area 8	31,207	54,452	34,241	€3,238,974
CHO Area 9	23,699	32,416	23,081	€2,247,990
<b>National</b>	<b>253,817</b>	<b>406,517</b>	<b>268,979</b>	<b>€25,107,697</b>

Note: (i) Payments include services for Children, Teenagers and Health (Amendment) Act 1996.

(ii) Payments detailed reflect the services available during the Covid-19 pandemic.



## Number of Treatments by Optometrists/Ophthalmologists 2012 - 2021



Year	Eye Examinations	Appliances	No. of Persons Treated	Value of Reimbursements
2012	319,354	481,672	314,750	€30,355,035
2013	330,995	498,872	325,317	€31,400,553
2014	332,142	508,469	326,249	€31,787,039
2015	330,691	513,460	323,866	€31,743,068
2016	336,108	527,239	327,169	€32,508,917
2017	335,756	534,781	328,630	€32,706,469
2018	306,577	486,787	296,662	€29,832,040
2019	301,847	474,185	304,515	€29,261,845
2020	225,684	368,808	241,128	€22,581,523
2021	253,817	406,517	268,979	€25,107,697



## **Appendix**

Online PCRS Publications @ <https://www.hse.ie/eng/staff/pcrs/pcrs-publications/>

### **PCRS Annual Reports**

Statistical Analysis of Claims and Payments 1998 - 2021

### **Eligibility Reports**

Eligibility Figures

Domiciliary Care Allowance

Under 6s and Over 70s Eligibility

Eligibility per Scheme

Eligible Medical Card Holders by CHO, Gender and Age Group

Eligible GP Visit Card Holders by CHO, Gender and Age Group

### **General Practitioner Reports**

Number and Costs of Claims by GPs

Dispensing Doctors

Special Items of Service

Payments to GPs

GP Panel Size

Capitation Payments to GPs

### **Pharmacy Reports**

Number of Items per Claim

Pharmacy Fees

Top 100 Prescribed Products

Top 100 Products by Cost

Top 20 Medicines and Appliances

Distribution of Medicines by ATC

GMS Payments to Pharmacists

Payments to Pharmacists: Claims Reimbursed

Number of Items Claimed by Pharmacists

Benzodiazepine and Z Drugs

### **Dental Reports**

Monthly Expenditure Report for DTSS

DTSS Payments and Number of Treatments

### **Optical Reports**

### **High Tech Reports**

### **Contractor Reports**

### **Annual Flu Reports**

