



2022

**Primary Care Reimbursement Service
Statistical Analysis of Claims
and Payments 2022**

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Primary Care Reimbursement Service

STATISTICAL ANALYSIS OF CLAIMS AND PAYMENTS
2022

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Introduction

The Primary Care Reimbursement Service (PCRS) is part of the HSE and 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.

The 2022 Statistical Analysis of Claims and Payments report gives a breakdown of the payments made 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) and it includes details on the number of eligible persons availing of these schemes. There are also details on the number of pharmacy items dispensed and the number of dental treatments and optical examinations that took place in 2022.

Included in the report are 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.

As was the case in 2021, payments in 2022 take account of the additional payments to contractors arising from the COVID-19 emergency.

To obtain up to date monthly payment information, visit our website at www.hsepcrs.ie and check out the latest reports under “PCRS Publications”.

2022 was again an exceptionally busy year for PCRS which included meeting the healthcare needs of those arriving from Ukraine. On behalf of the HSE PCRS, I would like to thank all of our contractors and staff for once again rising to the challenges we faced and responding outstandingly to the needs of all our customers.

Shaun Flanagan
Assistant National Director
Primary Care Reimbursement Service

Réamhrá

Is chuid de FnaSS í an tSeirbhís Aisiocaíochta Cúraim Phríomhúil (PCRS) atá freagrach as aisiocaíocht a thabhairt do Dhochtúirí Teaghlaigh, Fiaclóirí, Cógaiseoirí, Optaiméadraithe /Ophthalmeolaithe agus conraitheoirí eile a sholáthraíonn seirbhísí saor in aisce nó ar chostas laghdaithe don phobal thar raon scéimeanna cúraim phríomhúla.

Tugann an tuarascáil um Anailís Staitistiúil ar Éilimh agus Íocaíochtaí 2022 miondealú ar na híocaíochtaí a rinneadh 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 um Sheirbhísí Oftalmacha Pobail (COSS) agus cuimsíonn sé sonraí ar líon na ndaoine incháilithe a bhaineann leas as na scéimeanna seo. Tá sonraí ann freisin maidir le líon na n-earraí cógaslainne dáileacháin agus líon na gcóireálacha fiaclóireachta agus na scrúduithe optúla a rinneadh in 2022.

San áireamh sa tuarascáil tá na híocaíochtaí do soláthraithe agus le déantóirí drugaí ardteicneolaíochta chomh maith le híocaíochtaí ospidéal maidir leis an gClár Náisiúnta um Rialú Ailse, an Clár Cóireála Heipitíteas C Náisiúnta agus Seirbhísí Ilscéaróise.

Mar a tharla in 2021, tá na híocaíochtaí breise do le conraitheoirí a d'éascair as éigeandáil COVID-19 tógtha san áireamh.

Chun an fhaisnéis um íocaíochtaí mhíosúil suas go dáta a fháil, téigh chuig suíomh Gréasáin www.hsepcrs.ie agus seiceáil na tuarascálacha is déanaí faoi “Foilseacháin PCRS”.

Ba bhliain thar a bheith gnóthach arís í 2022 do PCRS de bharr freastal ar riachtanais sláinte na ndaoine a tháinig ón Úcráin. Thar ceann PCRS FSS, ba mhaith liom buíochas a ghabháil lenár gconraitheoirí agus lenár bhfoireann go léir a chabhraigh linn tabhairt faoi na dúshláin a bhí romhainn agus as déileáil go sármaith le riachtanais ár gcustaiméirí go léir.

Shaun Flanagan
Stiúrthóir Cúnta Náisiúnta
Seirbhís Aisiocaíochta Cúraim Phríomhúil





SCHEMES OVERVIEW

Schemes – Claim Reimbursement and Payment Arrangements

During 2022, HSE Primary Care Reimbursement Service reimbursed claims and made payments to General Practitioners (GPs), Community Pharmacists, Dentists and Optometrists/Ophthalmologists totalling €3,813.62m 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. Since the 1st 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 70 or over, 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 Community Pharmacy.

From March 2022, people coming from Ukraine were entitled to apply for a medical card.

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 adult medical card holders 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 has been exceeded in a calendar month, (€100 since 1st Jan 2022 and then €80 from 1st March 2022). 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.

Schemes – Claim Reimbursement and Payment Arrangements continued

Long Term Illness Scheme (LTI)

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. 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 which enables Hospital Consultants and prescribers to register patients for High Tech medicines and to prepare 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

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

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 contracted Hepatitis C directly or indirectly from the use of Human Immunoglobulin - Anti D, or who received within the State 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.

Schemes – Claim Reimbursement and Payment Arrangements continued

The National Cancer Control Programme (NCCP) established the National Cancer Drug Management Programme to develop and improve the care provided 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 older and less than 65 years of age 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 of age.

Chronic Disease Management Programme (CDM)

The Structured Chronic Disease Management (CDM) (Treatment) Programme was launched in January 2020, following the introduction of the GP Agreement 2019. The GP arranges two scheduled reviews in a 12 month period to support GMS patients manage their chronic condition(s). From January 2022, the programme was extended to all eligible adults 18 years and over who have a diagnosis of one or more of the following conditions:- as set out in the GP Agreement 2019;

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

An Opportunistic Case Finding (OCF) Programme and High Risk Preventative Programme (PP) commenced in January 2022 for people aged 65 years and over. Patients diagnosed with a chronic disease covered by the CDM programme will be registered onto it while

those found to be at high risk of cardiovascular disease and/or Type 2 Diabetes will be placed on the PP.

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. The remuneration for the provision of remote consultations to patients who may have contracted Covid-19 infection and the provision of dedicated respiratory clinics on their practice premises, continued in 2022. The rollout of Covid-19 vaccinations through GPs and Pharmacies began in 2021 and also continued in 2022.

Free Contraception Service

From September 2022 the free contraception scheme was made available from GPs, primary care centres and pharmacists who signed up to provide services under the scheme. All consultations with a medical practitioner required to access prescription contraception, the fitting of Long-Acting Reversible Contraception (LARCs) and their removal, and the provision of prescription contraception by pharmacists were made available to 17–25 year olds. Extension of the free contraception scheme to 26 year olds commenced on 1st Jan 2023.

Summary Statement of Activity - 2022

- Payments and reimbursements during 2022 were approximately €3,813.62m.
- 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 €1,563.71m:
 - GMS: Prescriptions €1,009.65, Stock Order Forms €5.96m
 - DPS €143.50m
 - LTI €312.65m
 - EEA €0.37m
- The Health (Amendment) Act 1996, Opioid Substitution Treatment Scheme, DTSS prescriptions, Pharmacy Training Grants €16.45m
- Contraception Scheme €5.05m
- Influenza Vaccination Scheme €9.38m
- Covid-19 Vaccination Scheme €19.78m
- Patient Care Fees of €40.92m were paid to pharmacists under High Tech Arrangements.
- Total cost of Pharmacy fees €436.18m.
- Total cost of phased fees €53.64m.
- Prescription charges of €63.58m.
- Over 92m prescription items were paid for by the PCRS – an increase of over 7.47m items on 2021.
- Payments to GPs of fees and allowances totalled €860.26m.
- Payments to GPs for investment in General Practice Development totalled €0.06m.
- Payments to Manufacturers/Wholesalers of High Tech drugs and medicines totalled €1064.33m.
- Payments to Dentists under the DTSS totalled €49.48m.
- Payments to Optometrists/Ophthalmologists under the HSE-COSS totalled €26.12m.
- 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 €206.72m.
- Administration costs were €42.94m.

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

Total Payments and Reimbursements – 2022

Total Payments & Reimbursements 2022		
	2022 - €3,813.62m	2021 - €3,574.13m
GP Fees	€668.79m	€682.09m
GP Allowances	€191.47m	€174.03m
Investment in General Practice Development	€0.06m	€0.15m
Pharmacist Drugs and Medicines	€1,086.61m	€1,015.64m
Pharmacist Fees and Stock Order Mark-Up	€436.18m	€407.50m
Pharmacist High Tech Patient Care Fees	€40.92m	€31.00m
Manufacturers / Wholesalers High Tech Drugs and Medicines	€1,064.33m	€988.99m
Dentists	€49.48m	€39.64m
Optometrists / Ophthalmologists	€26.12m	€25.11m
Hospital - Oncology Drugs and Medicines	€151.09m	€114.13m
Hospital - Hepatitis C Drugs and Medicines	€13.95m	€21.84m
Hospital - Multiple Sclerosis Medicines (MS)	€27.47m	€19.37m
Hospital - Gainshare Initiative	€2.75m	€2.50m
Outpatient Parenteral Antimicrobial Therapy (OPAT) - Drugs, Medicines and Appliances	€11.46m	€10.35m
Administration	€42.94m	€41.79m

Note: Figures detailed for 2022 reflect payments made during Covid-19.
The figures detailed above have been rounded for reporting purposes.

Number of Agreements with Contractor Groups

General Practitioners 3,097	Pharmacists 1,915	Dentists 1,201	Optometrists 609
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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 2022 there were 3,097 agreements.

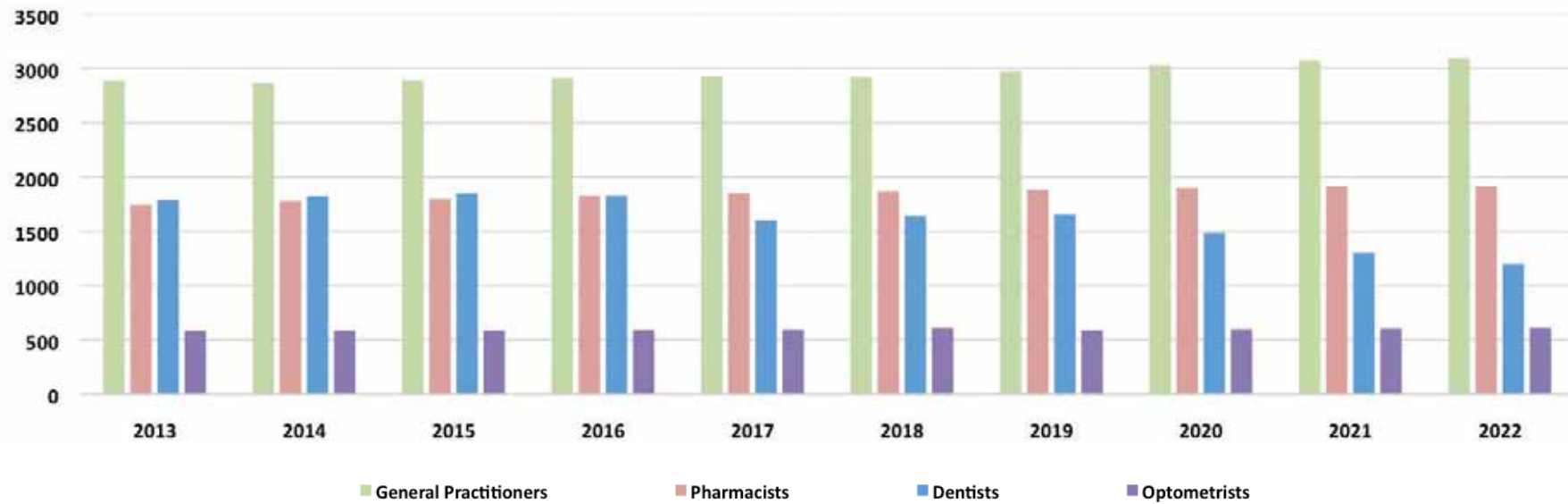
Number of Agreements as at 31st December 2022

Community Healthcare Organisation	General Practitioners	Pharmacists	Dentists	Optometrists
CHO Area 1	234	166	131	71
CHO Area 2	313	202	161	76
CHO Area 3	261	162	97	50
CHO Area 4	480	276	287	81
CHO Area 5	308	216	93	73
CHO Area 6	319	165	44	46
CHO Area 7	435	249	147	74
CHO Area 8	339	254	89	72
CHO Area 9	408	225	152	66
National	3,097	1,915	1,201	609

Note: Included in the table above are the following:

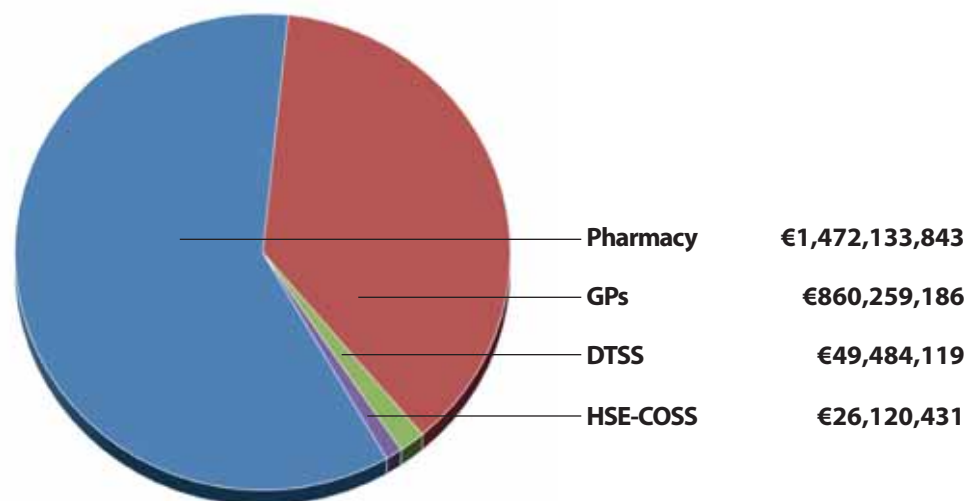
- (i) 564 GPs not contracted to the GMS Scheme who are registered to provide services under the Primary Childhood Immunisation Scheme, the Health (Amendment) Act 1996, Heartwatch, Opioid Substitution Treatment Scheme and National Cancer Screening Service.
- (ii) 11 Pharmacists who are registered to provide services under non GMS Schemes.
- (iii) 162 Dentists employed by the HSE who provide services under the Dental Treatment Services Scheme.
- (iv) 26 Clinical Dental Technicians.

Number of Agreements with Contractor Groups 2013 - 2022



Year	General Practitioners	Pharmacists	Dentists	Optometrists
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
2022	3,097	1,915	1,201	609

Total Payments to Contractor Groups by CHO 2022



Community Healthcare Organisation	*GPs	**Pharmacy	***DTSS	HSE-COSS
CHO Area 1	€78,657,003	€130,092,097	€6,923,299	€2,808,575
CHO Area 2	€94,261,823	€154,709,887	€4,122,053	€2,885,981
CHO Area 3	€74,585,439	€129,378,287	€4,626,629	€2,161,953
CHO Area 4	€136,967,246	€223,534,766	€8,071,196	€3,769,283
CHO Area 5	€105,900,304	€182,613,737	€6,896,817	€3,838,277
CHO Area 6	€67,076,463	€97,825,757	€1,960,978	€1,510,854
CHO Area 7	€99,668,011	€192,218,194	€5,943,704	€3,133,801
CHO Area 8	€108,542,417	€194,624,480	€6,167,163	€3,336,281
CHO Area 9	€94,600,480	€167,136,638	€4,772,280	€2,675,426
National	€860,259,186	€1,472,133,843	€49,484,119	€26,120,431
Corresponding figures for 2021	€856,123,924	€1,380,419,979	€39,636,355	€25,107,697

- 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 €50,658,226.
(iii) ***Dental figures include HAA claims since 2017.
(iv) Figures for 2022 reflect the services provided during the Covid-19 pandemic.



The background features a warm orange color palette. On the left side, there is a cluster of hexagonal outlines, some solid and some hollow. A thin, light-colored line resembling a heartbeat or ECG trace runs horizontally across the middle of the page. In the lower half, there are several overlapping, wavy lines that create a sense of depth and movement, resembling stylized waves or a topographical map.

CARDHOLDER SECTION

Number of Eligible Persons per Scheme - 2022

*GMS 1,568,379	*GPVC 535,741	DPS 1,654,375	LTI 332,967
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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 €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.

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 11,993 persons who were entitled and had opted to have their medicines dispensed by their GPs.

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, €80 (€100 from 1st Jan 2022 and €80 1st March 2022), per family, is claimed by the Pharmacy and is paid by the Primary Care Reimbursement Service.

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.

Figures as at 31st December 2022

Community Healthcare Organisation	GMS	Discretionary GMS	GPVC	Discretionary GPVC	**DPS	**LTI
CHO Area 1	164,346	19,103	42,846	4,222	25,611	17,166
CHO Area 2	164,933	20,594	51,385	4,665	40,935	18,080
CHO Area 3	138,463	17,325	43,258	3,442	39,812	17,503
CHO Area 4	228,504	31,962	81,473	7,020	73,399	29,298
CHO Area 5	199,119	23,464	56,063	4,923	44,046	25,245
CHO Area 6	80,443	7,819	57,751	1,566	52,403	15,541
CHO Area 7	202,074	21,190	70,048	4,433	61,871	28,299
CHO Area 8	217,748	23,728	66,561	5,628	54,323	27,764
CHO Area 9	172,749	16,762	66,356	3,470	53,325	23,662
National	1,568,379	181,947	535,741	39,369	445,725	202,558
*** % of Population	30.46%	3.53%	10.40%	0.76%	8.66%	3.93%

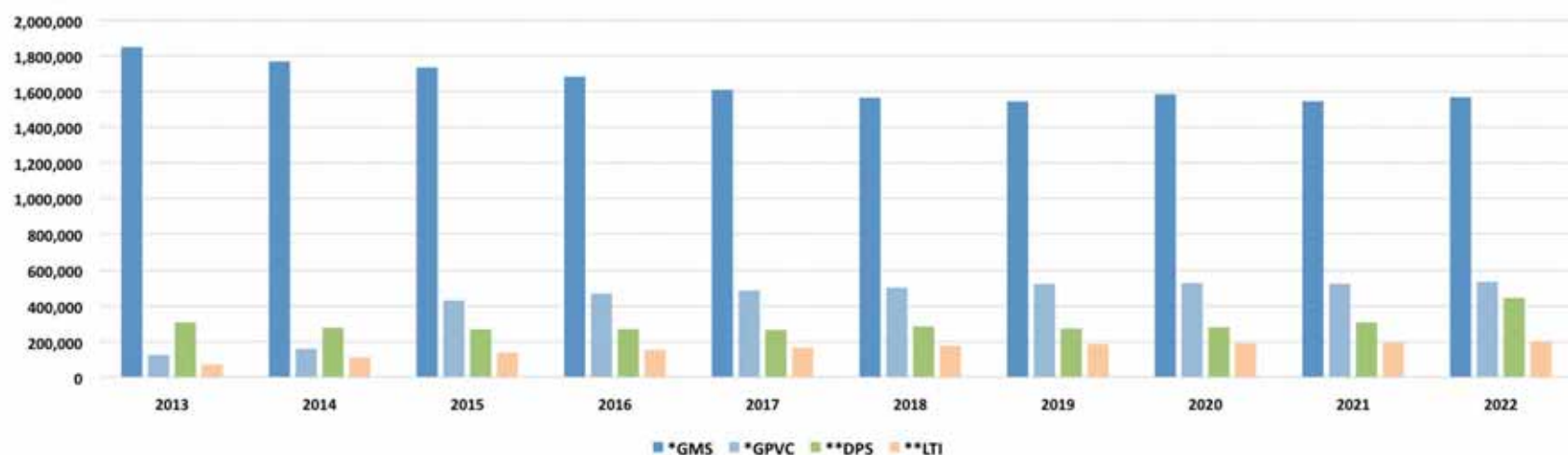
GMS - General Medical Services Scheme. **GPVC** - GP Visit Card Scheme. **DPS** - Drugs Payment Scheme. **LTI** - Long Term Illness Scheme.

*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 (5,149,139) are based on the CSO figures for 2022.

Number of Eligible Persons per Scheme 2013 - 2022



Figures as at 31st December

Year	*GMS	Discretionary GMS	*GPVC	Discretionary GPVC	**DPS	**LTI
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
2022	1,568,379	181,947	535,741	39,369	445,725	202,558

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 2018 - 2022

Year ended December:-	2022	2021	2020	2019	2018	Year ended December:-	2022	2021	2020	2019	2018
(i) Number of Eligible Persons in December	2,104,120	2,071,140	2,114,632	2,068,868	2,068,378	Number of GP Contracts	3,097	3,074	3,033	2,974	2,921
						Number of Pharmacist Contracts	1,915	1,915	1,900	1,884	1,870
General Practitioners	(000's)	(000's)	(000's)	(000's)	(000's)		(000's)	(000's)	(000's)	(000's)	(000's)
*Total Payments	€820,083	€814,277	€757,679	€561,940	€531,631	Total Cost of Stock Orders	€5,955	€5,570	€5,952	€6,594	€6,165
(ii) Avg. Payment to GPs per Eligible Person	€389.75	€393.15	€358.30	€271.62	€257.03	Ingredient Cost	€4,508	€4,207	€4,514	€5,042	€4,663
						Pharmacy Fees	€902	€841	€903	€1,008	€933
Pharmacists	(000's)	(000's)	(000's)	(000's)	(000's)	VAT	€545	€522	€535	€544	€569
Total Cost of Prescriptions	€1,009,653	€986,202	€969,304	€963,193	€960,185	Overall Cost of Drugs and Medicines	€1,015,608	€991,772	€975,256	€969,787	€966,350
Ingredient Cost	€664,440	€649,866	€639,610	€628,119	€621,634	(iii) Avg. Payment to Pharmacists per Eligible Person	€740.91	€750.71	€744.20	€697.51	€679.40
Dispensing Fee	€312,738	€305,497	€300,246	€305,231	€309,306	**Overall Payments	€1,835,691	€1,806,049	€1,732,935	€1,531,727	€1,497,981
VAT	€32,475	€30,839	€29,448	€29,843	€29,245						
Number of Forms	19,403	18,389	18,358	19,156	18,949						
Number of Items	65,246	62,674	60,975	60,073	59,218						
Avg. Cost per Form	€52.04	€53.63	€52.80	€50.28	€50.67						
Avg. Cost per Item	€15.47	€15.74	€15.90	€16.03	€16.21						
Avg. Ingredient Cost per Item	€10.18	€10.37	€10.49	€10.46	€10.50						
Avg. Items per Form	3.36	3.41	3.32	3.14	3.13						

- Note: (i) Number of eligible persons in 2022 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 2022. The number of persons who availed of services in 2022 was 1,370,754.
(iv) *Total payments for 2022 reflects the services provided during the Covid-19 pandemic.
(v) **Overall payments are based on the number of persons who availed of services during 2022 and include payments made under Discretionary Hardship Arrangements.

LTI / DP Schemes: Summary of Statistical Information for 2018 - 2022

Year ended December:-	2022	2021	2020	2019	2018	Year ended December:-	2022	2021	2020	2019	2018
LTI Scheme						DP Scheme					
						Number of Eligible Persons in December	1,654,375	1,504,614	1,429,554	1,362,639	1,290,634
*Number of Claimants	202,558	195,064	190,829	185,903	177,481	*Number of Claimants	445,725	308,665	280,703	273,594	285,599
	(000's)	(000's)	(000's)	(000's)	(000's)	**Number of Families	306,672	219,052	195,278	188,119	187,789
Number of Items	10,479	10,170	9,953	9,464	8,936	Number of Items	13,571	9,585	8,555	7,901	7,633
Total Cost	€312,646	€292,106	€283,086	€262,625	€242,694	Gross Cost	€260,620	€198,603	€177,647	€165,306	€157,050
Avg. Cost per Item	€29.83	€28.72	€28.44	€27.75	€27.16	***Net Cost	€143,502	€96,139	€82,666	€75,471	€67,363
*Avg. Cost per Claimant	€1,543.49	€1,497.49	€1,483.45	€1,412.70	€1,367.44	Avg. Gross Cost per Item	€19.20	€20.72	€20.77	€20.92	€20.57
						*Avg. Net Cost per Claimant	€321.95	€311.47	€294.50	€275.85	€235.87

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 the number of families who availed of services during 2022.

(iii) ***The Net Cost is inclusive of claims below the monthly co-payment of €100 from 1st Jan 2022 and then €80 from 1st March 2022 payable to the Pharmacy.





**GENERAL
PRACTITIONER
SECTION**

Fees and Allowances under Capitation Agreement as at 31st December 2022

Ages	Male €	Female €
6 - 15	64.28	65.02
16 - 44	82.05	134.18
45 - 64	163.89	180.09
65 - 69	172.65	192.61
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.	403.31	403.31
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.	644.63	644.63
The above rates are exclusive of Supplementary Out-of-Hours Fee.	3.64	3.64
Out-of-Hours Payment		
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
Temporary Residents/EEA Visitors/Emergency		
Surgery		€40.94
Domiciliary		€40.94
Fee for Second Medical Opinion		€26.46
Rural Practice Support Framework		
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)		€48.58
Pilot GP (dispensing doctor)		€56.05
Continuous GP (dispensing doctor)		€12.48

Fees and Allowances under Capitation Agreement as at 31st December 2022 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
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
BB	Prevention Programme	€82.00
BC	Opportunistic Case Finding	€60.00
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
CF	Contraception Consultation for the purpose of accessing relevant products	€55.00
CG	LARC Implant Fitting	€100.00
CH	LARC Coil Fitting	€160.00
CI	LARC Implant Removal	€110.00
CJ	LARC Coil Removal	€50.00
CK	Follow up consultation post LARC fitting	€55.00
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

Fees and Allowances under Capitation Agreement as at 31st December 2022 continued

Special Items of Service continued		
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.

Practice Support	
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

Contributions to Locum Expenses (Subject to the conditions of the Agreement)	
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	

Contributions to Medical Indemnity Insurance
Calculation of contributions related to GMS panel numbers and net premium

Asylum Seekers
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 2022

GP Surgery Consultations		
Day	Normal Hours	€11.87
Late	Outside Normal Hours other than night	€16.88
Night	Midnight to 8:00 a.m.	€33.38
Domiciliary Consultations		
Day		€17.51
Late		€22.93
Night		€44.96
Temporary Residents/EEA Visitors/Emergency		
Surgery		€40.94
Domiciliary		€40.94
Rural Practice Allowance		
Per Annum		€7,042.91
Locum and Practice Expense Allowance		
Per Annum		€1,371.06
Sessional Rate - Homes for the Aged		
Per 3 Hour Session		€73.18
Immunisation Fees		
Registration of child with a GP		€37.78
6 in one Vaccine		€206.31
95% uptake bonus		€60.63
Health (Amendment) Act 1996		
Surgery Fee		€30.53
Domiciliary Fee		€40.27
Opioid Substitution Treatment Scheme		
Level 1 Contractor		€159.97
Level 2 Contractor		€176.43
Heartwatch Programme		
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 2022 continued

Special Items of Service		
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
BB	Prevention Programme	€82.00
BC	Opportunistic Case Finding	€60.00
CA	Respiratory assessment for patients regardless of eligibility	€75.00
CB	Covid-19 telephone consultation for patients regardless of eligibility	€30.00
CF	Contraception Consultation for the purpose of accessing relevant products	€55.00
CG	LARC Implant Fitting	€100.00
CH	LARC Coil Fitting	€160.00
CI	LARC Implant Removal	€110.00
CJ	LARC Coil Removal	€50.00
CK	Follow up consultation post LARC fitting	€55.00
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 2022

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 18 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 18 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 18 years and over) with three or more of the chronic conditions listed in the Agreement of 2019 of €300.

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

Practice Nurse grant per patient registered for Chronic Disease Prevention Programme in Agreement of 2022 of €14.35.

Practice Nurse grant per patient assessed under Chronic Disease Opportunistic Case Finding in Agreement of 2022 of €3.20.

National Cervical Cancer Screening

Payment in respect of a Cervical screening service in Agreement of 2022 of €65.00.

Social Deprivation Grant System for 2022

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 2022 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 2022

Fees €668.79m

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 €408,274,294 in 2022. Fees totalling €473,670 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 €191.47m

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 €191,468.265 allowances paid to GPs in 2022.

Payments to GPs in each CHO Area

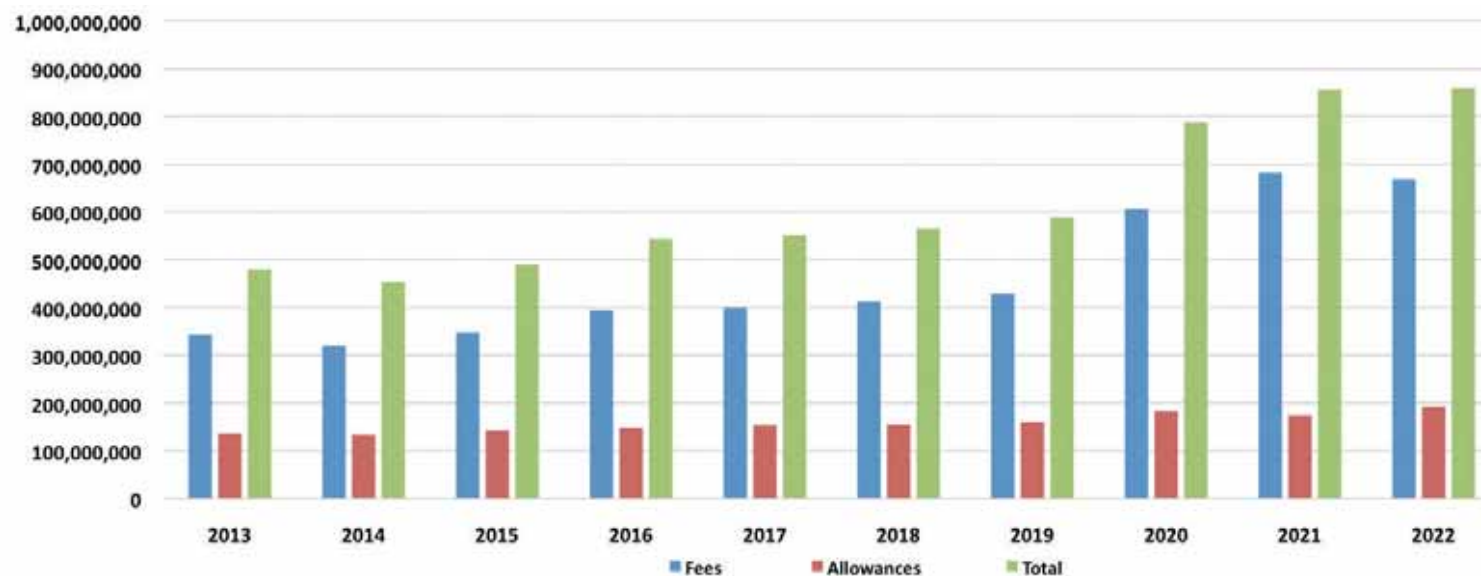
Community Healthcare Organisation	2022
CHO Area 1	€78,657,003
CHO Area 2	€94,261,823
CHO Area 3	€74,585,439
CHO Area 4	€136,967,246
CHO Area 5	€105,900,304
CHO Area 6	€67,076,463
CHO Area 7	€99,668,011
CHO Area 8	€108,542,417
CHO Area 9	€94,600,480
National	€860,259,186

Reimbursement of claims made by GPs include:

Primary Childhood Immunisation Scheme	€7,914,261
Opioid Substitution Treatment Scheme	€8,320,118
Maternity and Infant Care Scheme	€10,452,750
National Cancer Screening Services	€13,239,502
Heartwatch	€134,086
Health (Amendment) Act 1996	€115,217

Note: Payments for 2022 reflect the new services provided during the Covid-19 pandemic.

Payments to General Practitioners 2013 - 2022



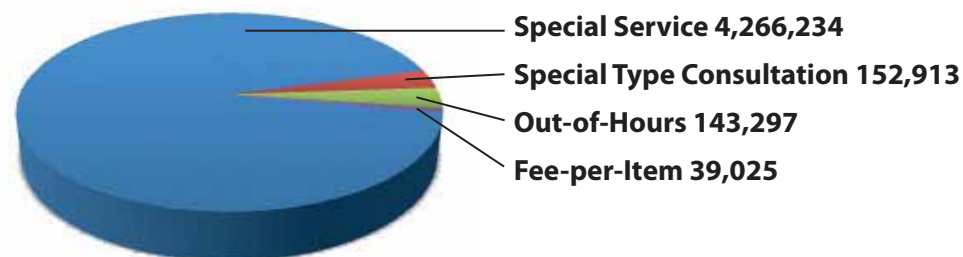
Payments to General Practitioners 2013 - 2022

Year	Fees	Allowances	Total
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
2022	€668,790,921	€191,468,265	€860,259,186

Note: Payments for 2022 reflect the new services provided during the Covid-19 pandemic.

Number of Claims by General Practitioners

National – 2022



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	356,326	9,399	8,377	-
CHO Area 2	505,709	13,653	15,547	-
CHO Area 3	371,545	5,000	13,595	-
CHO Area 4	753,023	26,977	22,526	28,461
CHO Area 5	564,230	10,964	8,518	520
CHO Area 6	336,771	9,331	5,279	-
CHO Area 7	448,283	29,209	35,253	10,044
CHO Area 8	531,392	21,214	10,100	-
CHO Area 9	398,955	17,550	33,718	-
National	4,266,234	143,297	152,913	39,025

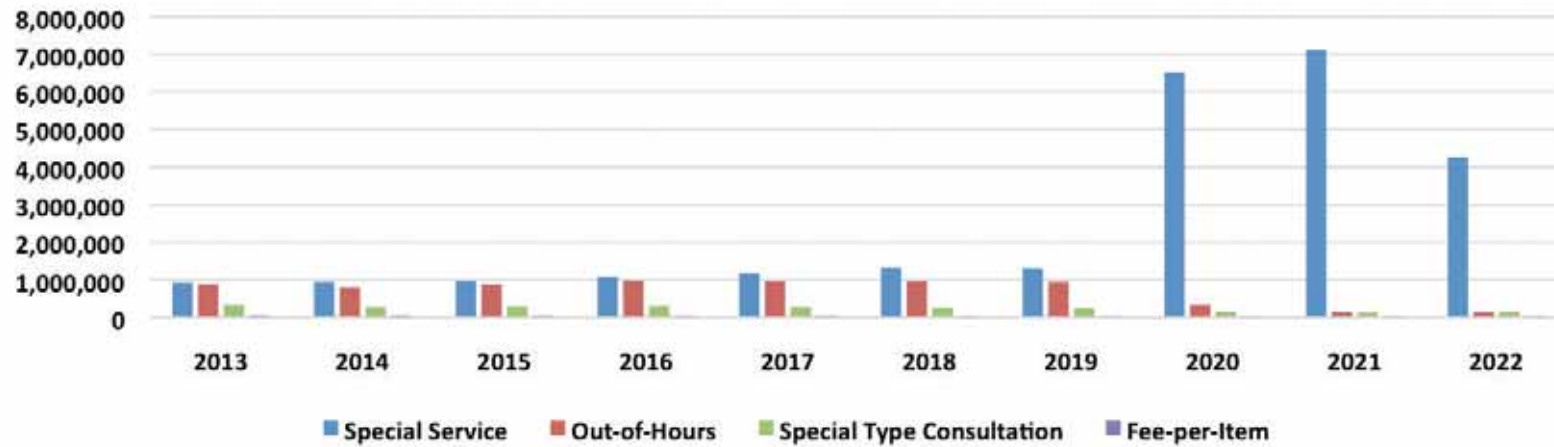
A majority of GPs are paid an annual capitation fee for each eligible person - the rate of payment is determined by the age/gender of the person. A minority of GPs (3) who have continued to provide services under the Fee-per-Item of Service agreement are paid a fee for each Doctor/Patient contact.

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 2013 - 2022



Year	Special Service	Out-of-Hours	Special Type Consultation	Fee-per-Item
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
2022	4,266,234	143,297	152,913	39,025

Note: The number of Special Service claims for 2022 reflects the services available during the Covid-19 pandemic.

GMS: Payments to General Practitioners

		2022	2021
		€	€
FEES	- Capitation	408,274,294	375,379,517
	- Special Claims/Services	173,534,911	214,179,313
	- Out-of-Hours	4,907,292	4,638,060
	- Dispensing	584,322	636,386
	- Item of Service Contract	473,670	426,805
	- Asylum Seekers	1,007,576	296,315
	- Vaccinations	29,203,675	37,360,121
	- Asthma Registration	150,500	68,500
	- Asthma Capitation	336,311	402,049
	- Contribution for GP Height Measure and Self Zeroing Scale	2,304	402
	- Diabetes Capitation	5,630,444	6,769,899
	- Diabetes Registration	7,470	89,700
	- Ukrainian Patient Registration	4,502,218	0
ALLOWANCES	- Secretarial/Nursing	94,961,104	91,992,936
	- Annual Leave	10,620,115	9,435,736
	- Rostering/Out-of-Hours	6,284,943	6,388,872
	- Medical Indemnity Insurance	7,821,045	6,952,130
	- Rural Practice	4,910,153	4,984,326
	- Study Leave	1,885,022	2,008,239
	- Sick Leave	3,055,248	1,708,545
	- Maternity Leave/Paternity Leave	4,081,128	3,989,752
	- Locum and Practice Expenses	3,428	4,113
	- Social Deprivation Grant	2,542,500	79,500
	- CDM Nursing Support Grant	0	3,425,131
	- Winter Plan Support Grant	7,477,000	4,500
SALARIES	- Benefits to retired DMOs and their dependants	1,398,891	1,637,165
	- Former District Medical Officers	955,223	1,032,071
SUPERANNUATION FUND	- Contribution	46,871,355	41,315,954
TOTAL		€821,482,142	€815,206,037

Note: (i) Payments for 2022 reflect the new services provided during the Covid-19 pandemic.

(ii) Claims in respect of practice support for CDM programme were not compiled in time for this report.





**PHARMACY
SECTION**

Scale of Fees Payable to Participating Pharmacists as at 31st December 2022

GMS Scheme	€
*Fee-Per-Item	
- 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
Extemporaneous Fee	6.53
Extemporaneous dispensing and compounding of	
- Powders	19.60
- Ointments and Creams	13.07
Non-Dispensing Fee - exercise of professional judgement	3.27
Phased Dispensing Fee - each part of phased dispensing	3.27
*A Fee-Per-Item is also payable on prescription forms issued by Dentists under the DTS Scheme.	
Supplies to Dispensing Doctors	
Pharmacists supplying Dispensing Doctors are reimbursed on the basis of the reimbursement price plus the relevant mark-up.	
DPS/LTI/EEA Schemes and Health (Amendment) Act 1996	
*The Fee-Per-Item structure shown for the GMS Scheme above, also applies to the DPS/LTI/EEA Schemes and Health (Amendment) Act 1996.	
Reimbursement under these four schemes includes ingredient cost plus the Fee-Per-Item.	
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 (€100 from 1st Jan 2022 and then €80 from 1st March 2022) payable to the Pharmacist by an individual or family.	
High Tech Arrangements	
Patient Care Fee: €62.03 per month.	
Non Dispensing Patient Care Fee: €31.02	
- Fee payable for a maximum of 3 consecutive months where there has been no dispensing of High Tech medicines.	
Opioid Substitution Treatment Scheme	
Patient Care Fee: Up to a Maximum of €62.00 per month.	
Pharmacy Vaccinations	
Influenza Vaccination - QIV (Quadrivalent Influenza Vaccine)	15.00
Influenza Vaccination - LAIV (Nasal Vaccine)	20.00
Covid-19 Vaccination	25.00 per dose
Pharmacist is eligible for a once off payment for every patient to whom the vaccine is administered	10.00 per patient
Pharmacist is eligible for a payment of €100 for every 10 unique patients to whom the QIV vaccine is administered.	
Pharmacist is eligible for a payment of €150 for every 10 unique patients to whom the LAIV vaccine is administered.	

Scale of Fees Payable to Participating Pharmacists as at 31st December 2022 continued

Contraception Scheme	€
Contraception - Long-acting and Emergency Hormonal Contraceptive supply on a single occasion	6.50
Contraception - of supply on a single occasion, dispensing 1 month	6.50
Contraception - of supply on a single occasion, dispensing 2 month	10.00
Contraception - of supply on a single occasion, dispensing 3 month	13.50
Contraception - of supply on a single occasion, dispensing 4 month	17.00
Contraception - of supply on a single occasion, dispensing 5 month	21.50
Contraception - of supply on a single occasion, dispensing 6 month	24.00
Emergency contraceptive without a prescription - Additional fee for dispensing	11.50
Contraception once off administrative fee on the first dispensing	5.00

Payments to Pharmacists: Claims Reimbursed 2022

GMS €1,015.61m	DPS €143.50m	LTI €312.64m	EEA €0.38m
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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 2022 there were 19.40m GMS prescription forms containing over 65.25m prescription items which were dispensed at a cost of €1,009,652,416. (This figure excludes the cost of GMS stock orders of €5,955,284 in 2022). This equates to an average cost of €15.55 per dispensed item. During 2022, 87% of all GMS cardholders availed of prescription items at an average cost of €740.91 per person.

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

There were 113,016 persons who availed of High Tech Arrangements and patient care fees of €41.0m 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	€96,777,943	€7,984,784	€25,270,835	€58,535	€130,092,097
CHO Area 2	€114,135,151	€12,443,012	€28,057,291	€74,433	€154,709,887
CHO Area 3	€92,215,406	€11,290,350	€25,784,345	€88,186	€129,378,287
CHO Area 4	€156,035,338	€21,857,444	€45,572,793	€69,191	€223,534,766
CHO Area 5	€130,504,323	€13,753,872	€38,323,083	€32,459	€182,613,737
CHO Area 6	€52,998,523	€20,577,996	€24,243,076	€6,162	€97,825,757
CHO Area 7	€127,542,376	€20,216,036	€44,449,769	€10,013	€192,218,194
CHO Area 8	€133,158,616	€16,583,585	€44,858,605	€23,674	€194,624,480
CHO Area 9	€112,240,024	€18,795,033	€36,085,920	€15,661	€167,136,638
National	€1,015,607,700	€143,502,112	€312,645,717	€378,314	€1,472,133,843

*GMS - This figure includes Stock Order costs.

- Also included in the above GMS figure is an amount of €0.53m which was paid for items dispensed under Redress for Women Resident in Certain Institutions, and €13.82m which was paid in respect of Non GMS Reimbursable Items dispensed under Discretionary Hardship Arrangements.

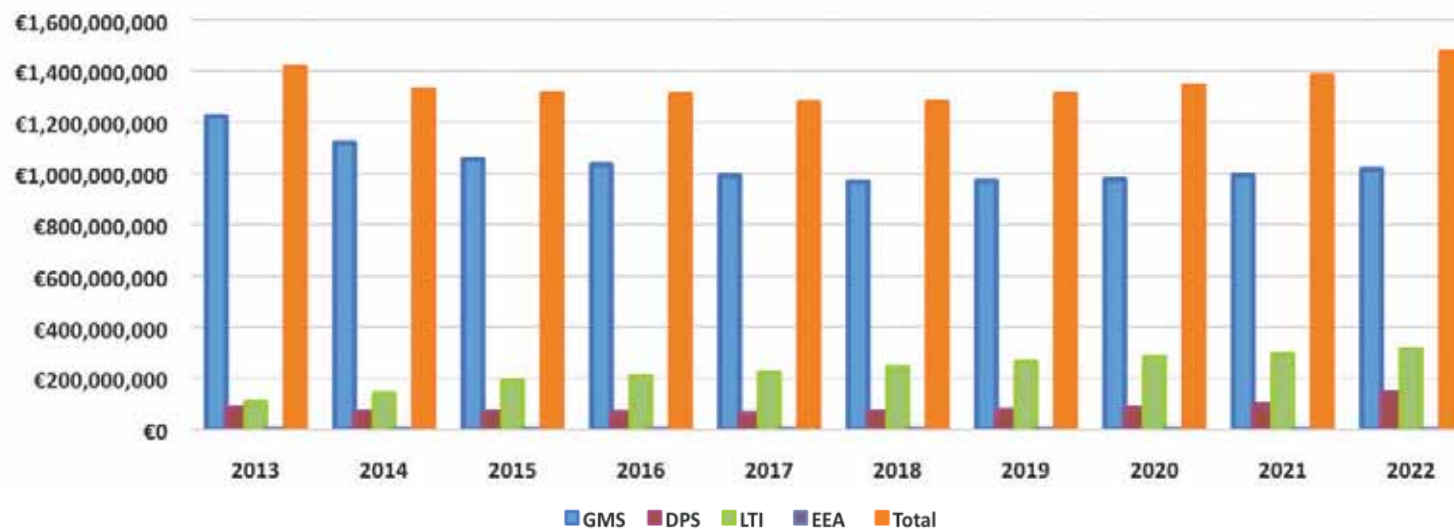
Additional payment of claims reimbursed to Pharmacists include:

High Tech Arrangements - Patient Care Fees	€40,924,615
Opioid Substitution Treatment Scheme	€14,059,108
Covid-19 Vaccinations Scheme	€19,775,068
Influenza Vaccination Scheme	€9,381,639
Contraception Scheme	€5,048,107
Health (Amendment) Act 1996	€1,499,754
Dental Treatment Services Scheme	€555,315
Pharmacy Training Grant	€339,235

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

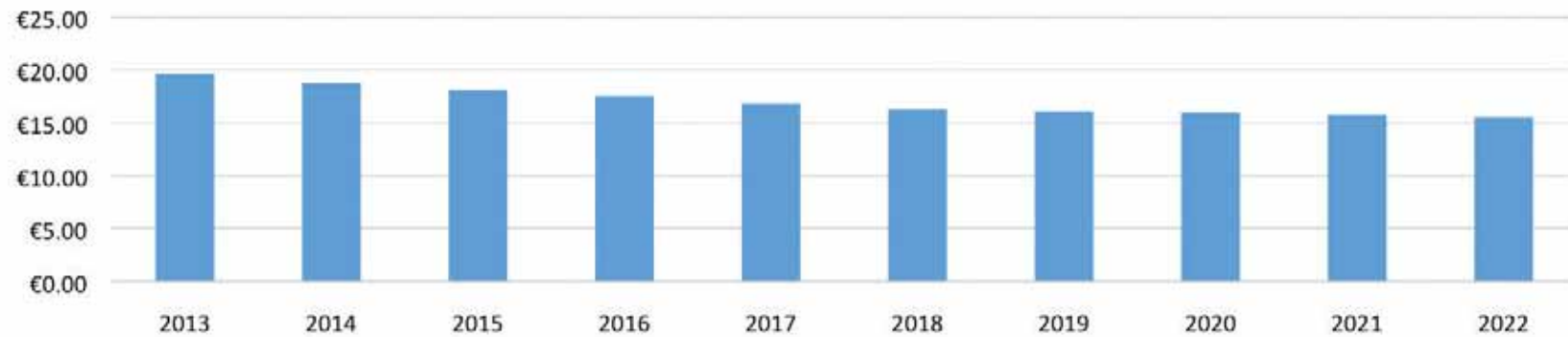
High Tech Arrangements - Drugs and Medicines	€1,064,327,553
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Payments to Pharmacists: Claims Reimbursed 2013 - 2022



Year	GMS	DPS	LTI	EEA	Total
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
2022	€1,015,607,700	€143,502,112	€312,645,717	€378,314	€1,472,133,843

Average GMS Cost per Pharmacy Item 2013 - 2022

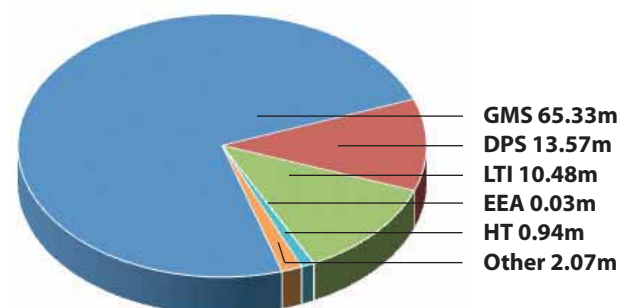


Year	*Total Number of Items	Total Payments	Average Cost per Item
2013	62,272,035	€1,222,212,846	€19.63
2014	59,524,407	€1,118,945,050	€18.80
2015	58,093,584	€1,054,304,114	€18.15
2016	58,797,149	€1,033,290,114	€17.57
2017	58,713,753	€989,833,465	€16.86
2018	59,326,912	€966,349,869	€16.29
2019	60,176,425	€969,787,344	€16.12
2020	61,062,484	€975,255,894	€15.97
2021	62,754,498	€991,772,194	€15.80
2022	65,327,676	€1,015,607,700	€15.55

*Total number of Items includes Stock Order Items.

Number of Items Claimed by Pharmacists

National – Number of Items Claimed 2022



GMS prescription forms processed for payment in the year totalled 19.40m - the total of prescribed items was more than 65.25m - these accounted for approximately 71% of all items paid for by the Primary Care Reimbursement Service in 2022.

Approximately 42.13% of GMS forms contained a single item - 17.13% contained 2 items - the average number per form was approximately 3.36 items (2021 - 3.41).

Number of Items claimed in each CHO

Community Healthcare Organisation	*GMS	DPS	LTI	EEA	HT	Other	Total
CHO Area 1	6,187,359	758,163	899,009	4,565	71,138	141,413	8,061,647
CHO Area 2	7,013,308	1,163,583	907,027	5,311	92,828	150,549	9,332,606
CHO Area 3	6,002,491	1,151,895	949,782	5,671	74,904	150,749	8,335,492
CHO Area 4	9,903,316	2,155,292	1,462,860	5,190	158,843	307,045	13,992,546
CHO Area 5	8,543,868	1,391,040	1,369,143	2,376	99,731	235,703	11,641,861
CHO Area 6	3,459,503	1,630,592	735,717	466	88,779	177,929	6,092,986
CHO Area 7	8,400,370	1,967,944	1,433,416	779	136,844	316,423	12,255,776
CHO Area 8	8,691,225	1,632,875	1,512,663	1,642	113,007	277,992	12,229,404
CHO Area 9	7,126,236	1,719,425	1,209,832	1,179	109,410	314,297	10,480,379
National	65,327,676	13,570,809	10,479,449	27,179	945,484	2,072,100	92,422,697

*GMS includes: claim items and Stock Order items.

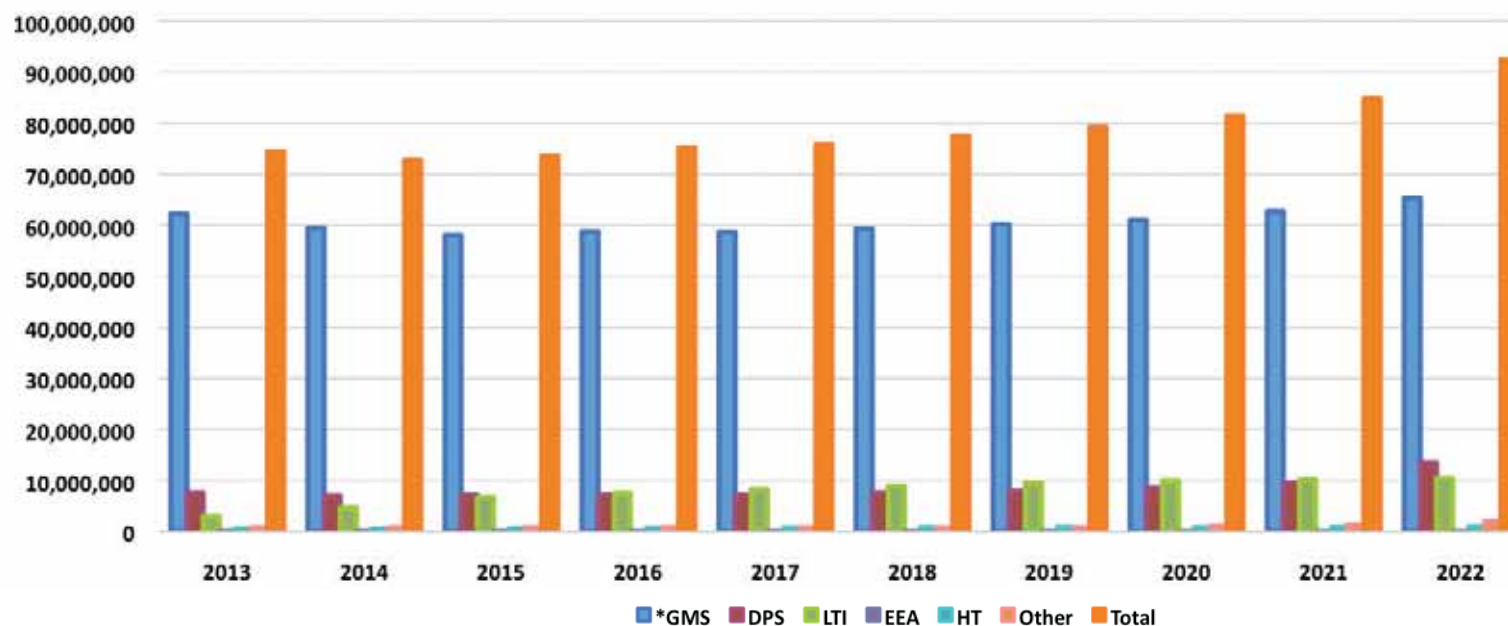
Other:	Claims:
Opioid Substitution Treatment Scheme	368,262
Influenza Vaccinations Scheme	276,897
Covid-19 Vaccination Programme	908,797

Other:	Claims:
Discretionary Hardship Arrangements	166,046
Dental Treatment Services Scheme	92,155
Health (Amendment) Act 1996	97,321
Contraception Scheme	162,622

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), Discretionary Hardship Arrangements and Contraception Scheme.

Number of Items Claimed by Pharmacists 2013 - 2022



Year	*GMS	DPS	LTI	EEA	HT	Other	Total
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
2022	65,327,676	13,570,809	10,479,449	27,179	945,484	2,072,100	92,422,697

*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 Drugs Initiative is an ongoing project supporting prescribers in choosing the most efficient drug option in various therapeutic areas. The MMP also manages an increasing number of medicines through Health Technology Management (HTM) to ensure cost-effective prescribing and utilisation; this includes the use of both reimbursement application systems and managed access processes.

Therapeutic Area	MMP Preferred Drug
Angiotensin-Converting Enzyme (ACE) Inhibitor	Ramipril
Angiotensin-II Receptor Blocker (ARB)	Candesartan
Beta Blocker	Bisoprolol
Calcium Channel Blocker (CCB)	Amlodipine
Oral Anticoagulant	Warfarin or Apixaban
Proton Pump Inhibitor (PPI)	Pantoprazole
Serotonin Noradrenaline Reuptake Inhibitor (SNRI)	Venlafaxine
Selective Serotonin Reuptake Inhibitor (SSRI)	Sertraline
Statin	Atorvastatin
Urology (Urinary incontinence, frequency and overactive bladder)	Tolterodine extended-release (<i>under review</i>)

Preferred Drugs Initiative

In 2022, total expenditure under the Community Drug Schemes on medicines in these therapeutic drug areas exceeded €317 million, with preferred drugs accounting for just over 44% of this expenditure. Selecting the preferred drugs as drug of first choice will ensure both quality prescribing, while also achieving value for money and cost savings for the HSE and for patients who pay for their medicines. For example, if all patients on the General Medical Services (GMS) scheme currently prescribed the PPI esomeprazole (non-preferred PPI), were switched to the preferred PPI **pantoprazole**, savings in the region of €6.9 million per annum could be achieved. In total, savings of up to €14 million per annum could be realised by switching to the preferred drug of choice in the ten therapeutic drug areas covered by this initiative.

Health Technology Management (HTM)

Reimbursement application systems are accessed through PCRS online services for: lidocaine (Versatis®) medicated plasters, sacubitril/valsartan (Entresto®) film-coated tablets, standard oral nutritional supplements (List B).

Managed Access Protocols (MAPs) are in place for a wide variety of medicines in order to facilitate access for patients. A MAP outlines the criteria that must be satisfied for a patient to be recommended for reimbursement of the medicine. Examples include:

- **Community Drug Schemes:** liraglutide (Saxenda®), rivaroxaban (Xarelto®) 2.5 mg
- **High Tech Arrangement:** treatments for the prophylaxis of chronic migraine, treatments for moderate-to-severe atopic dermatitis, High Tech medicines for hypercholesterolaemia, inotersen (Tegsedi®), lanadelumab (Takhzyro®), obeticholic acid (Ocaliva®), tafamidis (Vyndaqel®), teduglutide (Revestive®), tolvaptan (Jinarc®)
- **Hospital Arrangement:** eculizumab (Soliris®), nusinersen (Spinraza®), onasemnogene abeparvovec (Zolgensma®), patisiran (Onpattro®)

MMP – Guidance

The MMP has published guidance to support prescribers in a number of areas, including: **Benzodiazepines and z-drugs (BZRA) for the treatment of anxiety and insomnia, Appropriate prescribing of opioids in the management of chronic non-cancer pain (CNCP) and Prescribing and cost guidance for the treatment of dry eye syndrome.**

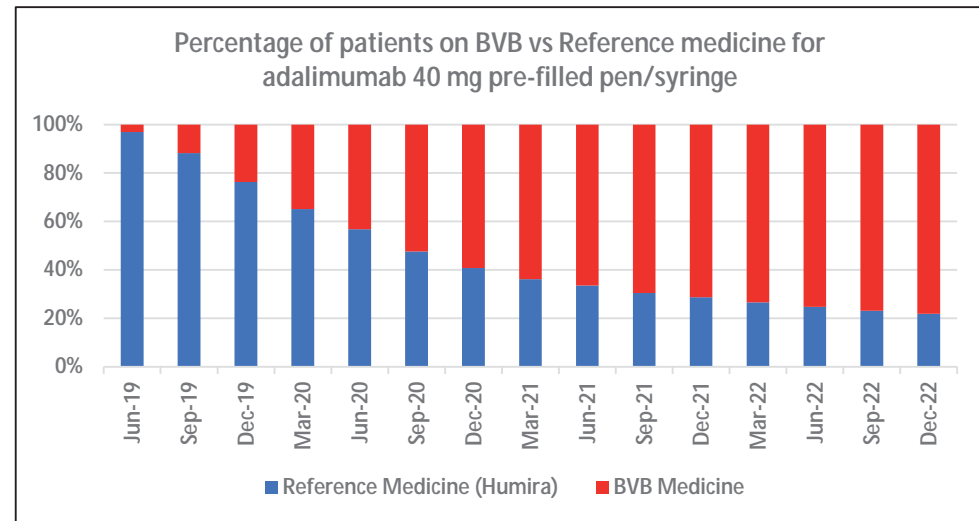
Further information on these initiatives is available on www.hse.ie/yourmedicines



Best-value biological (BVB) medicines/Best-value medicines (BVM)

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 2022, over 22,200 patients had been prescribed one of the identified BVB medicines for adalimumab or etanercept.

In addition, the MMP has identified best-value medicines (BVM) for glatiramer (Brabio®) and teriparatide (Movymia® and Sondelbay®). The MMP will continue to identify BVB medicines in 2023, and work with clinical teams to support their prescribing and utilisation.

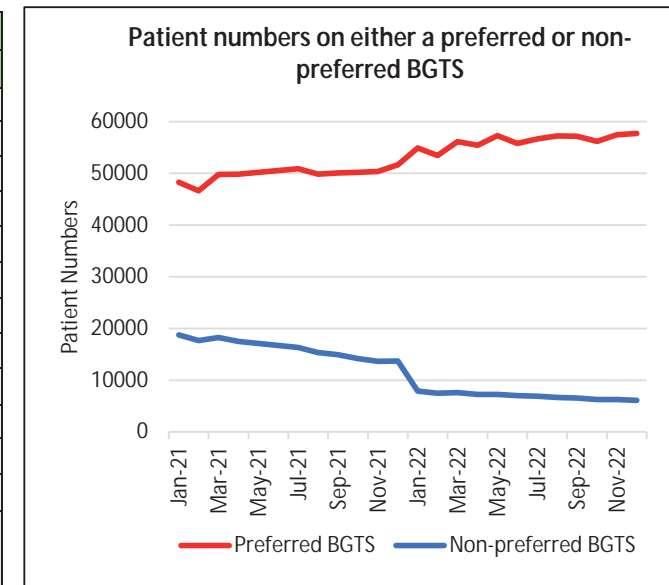


Preferred Blood Glucose Test Strips (BGTS)

In 2022, the MMP reviewed the preferred BGTS with associated meter(s), for adults with type 1 and type 2 diabetes mellitus. The review creates a preferred list of 13 BGTS with 21 associated meters. By the end of 2022, there were over 57,000 patients receiving one of the preferred BGTS.

The MMP recommends that healthcare professionals continue to give due consideration to the use of a preferred BGTS when commencing self-monitoring of blood glucose, and when changing BGTS in people who are currently not using one of the preferred products. Monitoring of the utilisation of the preferred BGTS will continue in 2023.

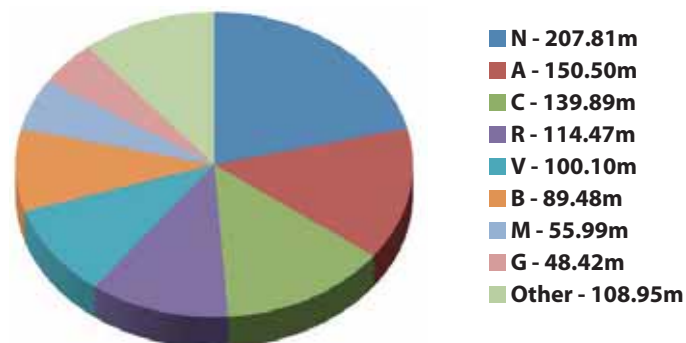
Preferred BGTS (List A)		
Code	BGTS	Price*
85131	Finetest Lite blood glucose test strips	€6.95
97637	Microdot Max blood glucose test strips	€7.46
85132	Accu-Chek Instant test strips	€8.54
85110	Glucomen Areo Sensor test strips	€8.63
97630	Mylife Aveo test strips	€8.75
97607	Mylife Unio test strips	€10.50
94170	4Sure blood glucose test strips	€11.22
85120	GlucoRx Nexus test strips	€11.27
85139	GlucoRx HCT glucose test strips	€11.27
15963	Contour Next blood glucose test strips	€14.30
68321	One Touch Verio test strips	€14.30
10051	Freestyle Optium test strips	€14.30
Accu-Chek Mobile test cassette (Code: 85543, Price: €11.81) is now considered a list A product for existing users only. *Reimbursement price as of 31/12/2022.		



Resources to support these initiatives are available on the MMP website: www.hse.ie/yourmedicines

GMS: Major Therapeutic Classification of Drugs, Medicines and Appliances

National 2022

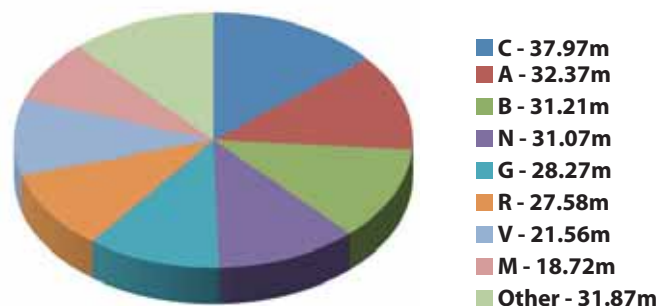


Major Therapeutic Classification		€m	Prescribing frequency
A	Alimentary Tract and Metabolism	150.50	11,160,175
B	Blood and Blood Forming Organs	89.48	4,658,623
C	Cardiovascular System	139.89	13,555,092
D	Dermatologicals	23.54	1,496,081
G	Genito Urinary System and Sex Hormones	48.42	2,729,782
H	Systemic Hormonal Preps. excl. Sex Hormones and Insulins	16.93	2,241,996
J	Antiinfectives for Systemic Use	29.40	2,548,168
L	Antineoplastic and Immunomodulating Agents	9.60	376,754
M	Musculo-Skeletal System	55.99	3,193,937
N	Nervous System	207.81	14,062,915
P	Antiparasitic Products, Insecticides and Repellents	1.75	142,609
R	Respiratory System	114.47	5,811,241
S	Sensory Organs	27.73	1,803,469
V	Various (below)	100.10	1,546,834
	Clinical Nutritional Products	46.79	583,035
	Ostomy Requisites	24.92	387,445
	Urinary Requisites	15.05	169,650
	Diagnostic Products	4.36	134,766
	Dressings	3.05	44,331
	Other Therapeutic Products	2.08	22,647
	Needles/Syringes/Lancets	1.59	76,995
	Allergens	0.14	1,658
	Miscellaneous	2.12	126,307
	Total	€1,015.61m	65,327,676

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 2022



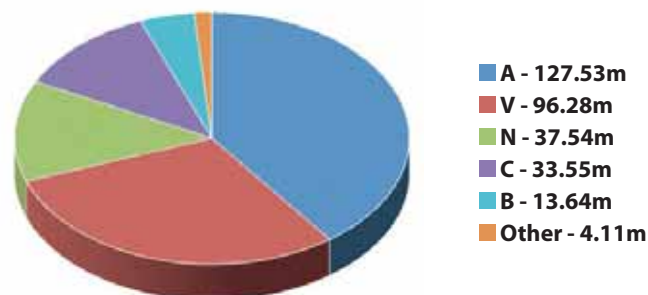
Major Therapeutic Classification		€m	Prescribing frequency
A	Alimentary Tract and Metabolism	32.37	2,146,884
B	Blood and Blood Forming Organs	31.21	1,106,416
C	Cardiovascular System	37.97	3,269,151
D	Dermatologicals	6.86	300,521
G	Genito Urinary System and Sex Hormones	28.27	803,869
H	Systemic Hormonal Preps. excl. Sex Hormones and Insulins	4.80	503,219
J	Antiinfectives for Systemic Use	8.30	546,512
L	Antineoplastic and Immunomodulating Agents	5.13	148,997
M	Musculo-Skeletal System	18.72	626,392
N	Nervous System	31.07	2,128,504
P	Antiparasitic Products, Insecticides and Repellents	0.77	44,923
R	Respiratory System	27.58	1,296,262
S	Sensory Organs	6.01	332,633
V	Various (below)	21.56	316,526
	Clinical Nutritional Products	6.91	72,277
	Ostomy Requisites	6.84	89,242
	Urinary Requisites	3.49	29,016
	Diagnostic Products	0.61	14,253
	Allergens	0.51	5,933
	Other Therapeutic Products	0.49	5,448
	Needles/Syringes/Lancets	0.48	39,422
	Dressings	0.22	2,867
	Miscellaneous	2.01	58,068
	Total	€260.62	13,570,809

Note: (i) The above costs are inclusive of the monthly co-payment of €80 (€100 from 1st January 2002 then €80 from 1st March 2022) 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

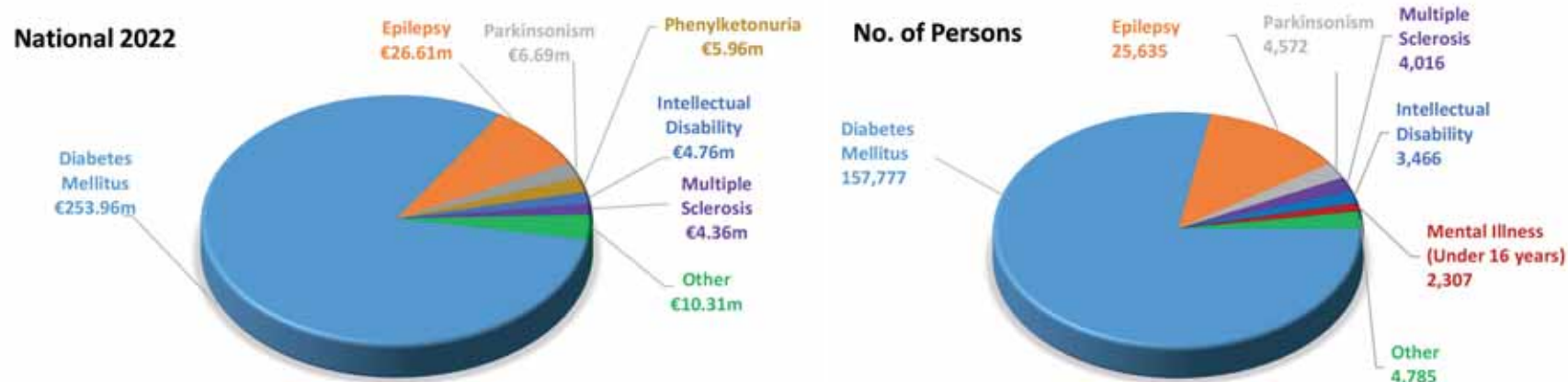
National 2022



Major Therapeutic Classification		€m	Prescribing frequency
A	Alimentary Tract and Metabolism	127.53	3,091,963
B	Blood and Blood Forming Organs	13.64	946,182
C	Cardiovascular System	33.55	3,765,949
D	Dermatologicals	0.03	1,029
G	Genito Urinary System and Sex Hormones	0.83	28,381
H	Systemic Hormonal Preps. excl. Sex Hormones and Insulins	1.21	37,501
J	Antiinfectives for Systemic Use	0.72	26,938
L	Antineoplastic and Immunomodulating Agents	0.08	1,192
M	Musculo-Skeletal System	0.48	27,098
N	Nervous System	37.54	958,685
P	Antiparasitic Products, Insecticides and Repellents	0.04	332
R	Respiratory System	0.56	21,531
S	Sensory Organs	0.16	2,873
V	Various (below)	96.28	1,569,795
	Diagnostic Products	61.86	876,637
	Needles/Syringes/Lancets	18.84	480,925
	Clinical Nutritional Products	8.18	59,417
	Urinary Requisites	3.28	19,565
	Nutritional/Ancillary Devices	0.34	1,577
	Ostomy Requisites	0.25	3,669
	Dressings	0.07	645
	Other Therapeutic Products	0.02	192
	Miscellaneous	3.44	127,168
	Total	€312.65	10,479,449

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

LTI: Spend by Illness 2022

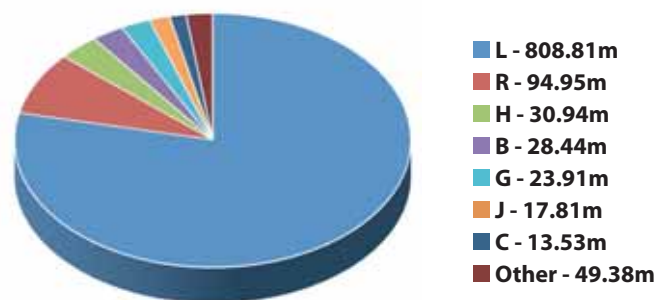


Long Term Illness		€m	No. of Persons
A	Intellectual Disability	4.76	3,466
B	Hydrocephalus	0.51	229
C	Cerebral Palsy	1.86	897
D	Muscular Dystrophy	0.20	195
E	Haemophilia	0.02	46
F	Diabetes Mellitus (does not include Gestational Diabetes)	253.96	157,777
G	Diabetes Insipidus	0.32	256
H	Epilepsy	26.61	25,635
J	Multiple Sclerosis	4.36	4,016
K	Parkinsonism	6.69	4,572
L	Cystic Fibrosis	3.57	1,417
M	Phenylketonuria (PKU)	5.96	686
N	Acute Leukaemia	0.36	383
P	Mental Illness (Under 16 years)	1.21	2,307
Q	Spina Bifida	2.26	674
R	Thalidomide Conditions	0.00	2
	Total	€312.65m	202,558

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

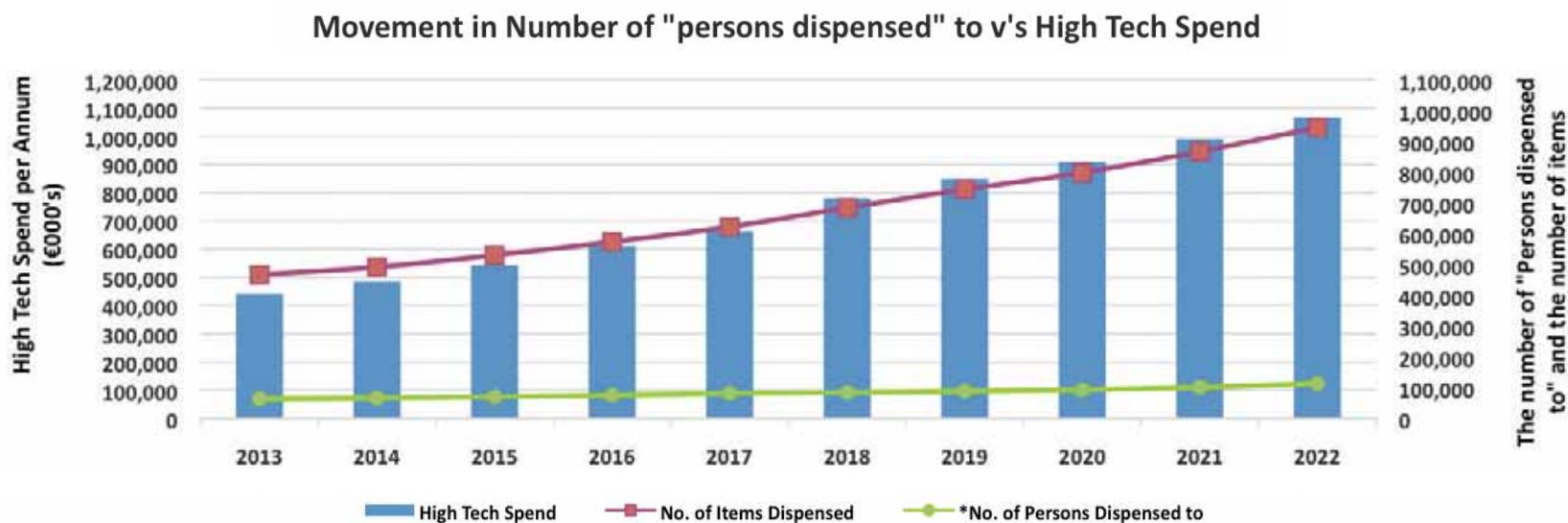
National 2022



Major Therapeutic Classification		€m	Prescribing frequency
A	Alimentary Tract and Metabolism	7.63	2,016
B	Blood and Blood Forming Organs	28.44	40,308
C	Cardiovascular System	13.53	13,533
D	Dermatologicals	16.46	8,227
G	Genito Urinary System and Sex Hormones	23.91	26,938
H	Systemic Hormonal Preps. excl. Sex Hormones and Insulins	30.94	64,315
J	Antiinfectives for Systemic Use	17.81	19,381
L	Antineoplastic and Immunomodulating Agents	808.81	716,446
M	Musculo-Skeletal System	5.68	7,194
N	Nervous System	17.70	17,211
R	Respiratory System	94.95	27,618
V	Various (below)	1.91	2,297
	Other Therapeutic Products	1.91	2,297
	Total	€1,067.77m	945,484

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 2013 - 2022



The graph illustrates the High Tech spend over a 10 year period from 2013 -- 2022 and the trend in the number of items and people dispensed to.

Year	High Tech Spend	No. of Items Dispensed	*No. of Persons Dispensed to
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
2022	€1,067,768,028	945,484	113,016

* Based on data available from claims submitted by Pharmacists.



DENTAL SECTION

Scale of Fees Payable under the Dental Treatment Services Scheme as at 31st December 2022

Treatment Type	Routine €
Oral Examination	40.00
Prophylaxis	42.00
Restoration (Amalgam)	65.00
Restoration (Composite) 6 anterior teeth only	80.00
Exodontics (Extraction under local anaesthetic)	60.00
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
Denture Repairs	
1st Item of Repair	67.00
Each Subsequent Item	21.48
Maximum payable	109.96
Apicectomy / Amputation of Roots	168.70
Endodontics (Anterior teeth only)	206.49
Protracted Periodontal Treatment per visit (Max 4)	26.36
Miscellaneous	
(e.g. Haemorrhage and Dressing)	22.65
Prescription	11.32
Prosthetics	
Full Upper or Lower Denture	456.71
Partial Upper or Lower Acrylic Denture	334.98
Complete Upper or Lower Reline	182.83
Complete Upper and Lower Reline	304.33
Full Upper and Lower Denture	670.24

Payments to Dentists: Claims Reimbursed 2022

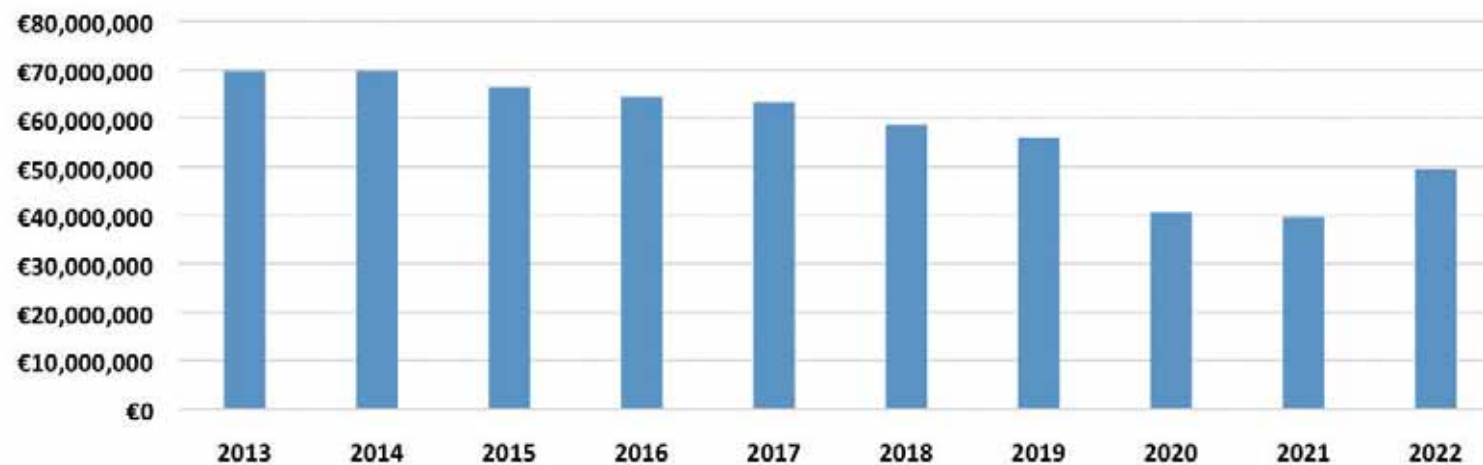
Above the Line €36.86m	Below the Line €12.62m
<p>Dentists were reimbursed a total of €49.48m in 2022, in respect of treatments provided for 256,949 GMS persons under the DTS Scheme.</p> <p>The following treatments were available to all GMS eligible persons.</p> <p>ROUTINE: Routine treatments are categorised 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	2022
CHO Area 1	€6,923,299
CHO Area 2	€4,122,053
CHO Area 3	€4,626,629
CHO Area 4	€8,071,196
CHO Area 5	€6,896,817
CHO Area 6	€1,960,978
CHO Area 7	€5,943,704
CHO Area 8	€6,167,163
CHO Area 9	€4,772,280
National	€49,484,119

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

Payments to Dentists: Claims Reimbursed 2013 - 2022

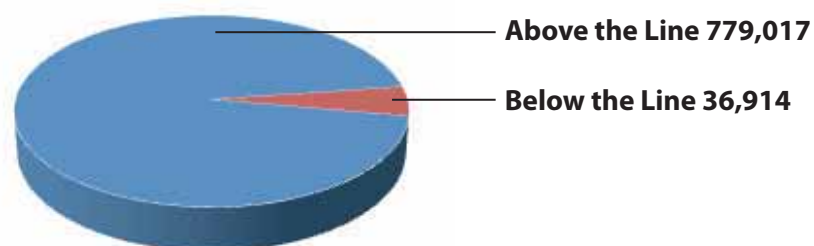


Year	Payments to Dentists
2013	€69,749,991
2014	€69,782,332
2015	€66,505,516
2016	€64,393,261
2017	€63,369,808
2018	€58,680,201
2019	€56,075,566
2020	€40,549,163
2021	€39,636,355
2022	€49,484,119

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

Number of Dental Treatments Claimed 2022

National – Number of Treatments Claimed 2022



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	101,005	5,418	34,901	€6,923,299
CHO Area 2	70,225	2,705	24,700	€4,122,053
CHO Area 3	77,607	3,166	24,856	€4,626,629
CHO Area 4	132,176	5,333	42,802	€8,071,196
CHO Area 5	107,035	5,963	33,845	€6,896,817
CHO Area 6	31,522	1,227	10,335	€1,960,978
CHO Area 7	93,630	4,328	31,838	€5,943,704
CHO Area 8	91,947	5,076	30,790	€6,167,163
CHO Area 9	73,870	3,698	22,882	€4,772,280
National	779,017	36,914	256,949	€49,484,119

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.

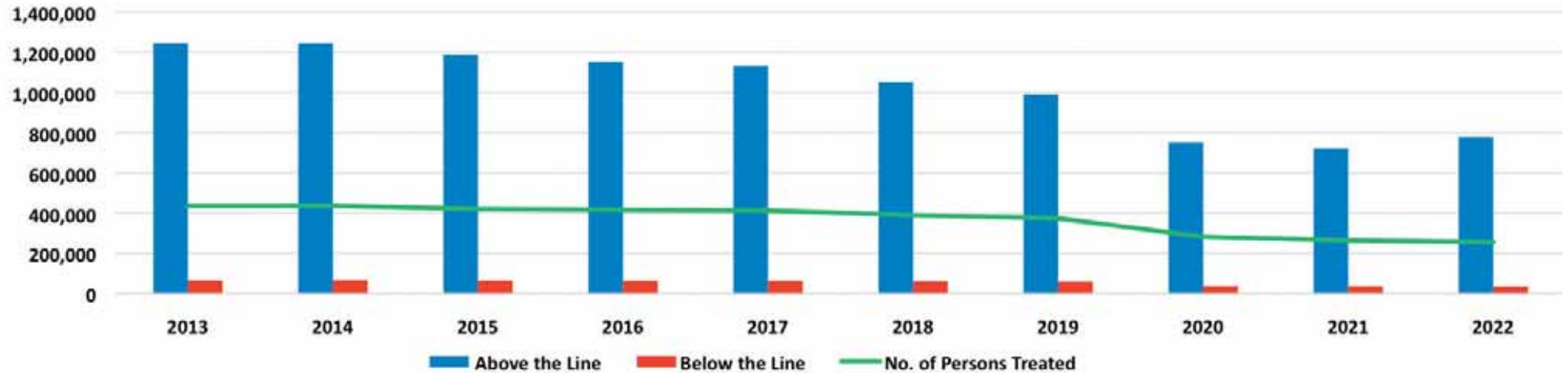
** The most frequently used ATL service was Oral Examinations, which was used by 230,264 patients followed by Composite Restoration.*

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

Number of Dental Treatments Claimed 2013 - 2022



Year	Above the Line	Below the Line	No. of Persons Treated
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
2022	779,017	36,914	256,949

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

The background features a light purple gradient. On the left, there is a cluster of hexagons, some solid and some outlined. A line graph with several peaks and troughs is positioned in the middle-left area. At the bottom, there are several overlapping, wavy lines that create a sense of depth and movement.

OPTICAL SECTION

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

As at 31st December 2022	€	As at 31st December 2022	€
Examinations		Single Vision Lenses to Own Frame	
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	Single Vision Lenses to Non-Standard Frame	
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)
Domiciliary Fees		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	Additional Specification For Lenses To All Spectacle Types	
Appliances		Special grant towards additional specification for Lens (1)	82.62 (H)
Single Vision Complete Appliances		- 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 2022	€	As at 31st December 2022	€
Other Items - Single Vision		Bifocals	
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	Bifocal Lenses	
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	Other Items - Bifocals	
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	Repairs	
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 2022

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 2022, claims were received on behalf of 277,445 GMS persons for 684,191 treatments costing €26,120,431.

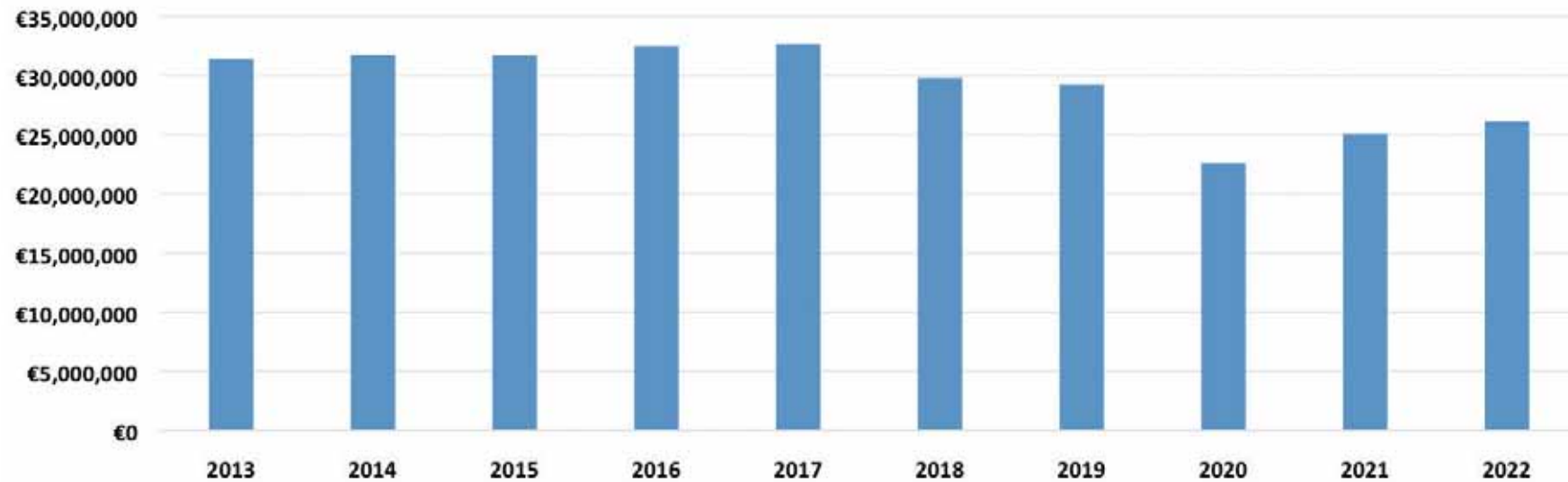
Eye examinations by Optometrists/Ophthalmologists totalled 261,669; complete spectacles (distance, reading and bi-focals) and other appliances provided under the Scheme totalled 422,522.

Payments to Optometrists/Ophthalmologists: Claims Reimbursed in each CHO

Community Healthcare Organisation	2022
CHO Area 1	€2,808,575
CHO Area 2	€2,885,981
CHO Area 3	€2,161,953
CHO Area 4	€3,769,283
CHO Area 5	€3,838,277
CHO Area 6	€1,510,854
CHO Area 7	€3,133,801
CHO Area 8	€3,336,281
CHO Area 9	€2,675,426
National	€26,120,431

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

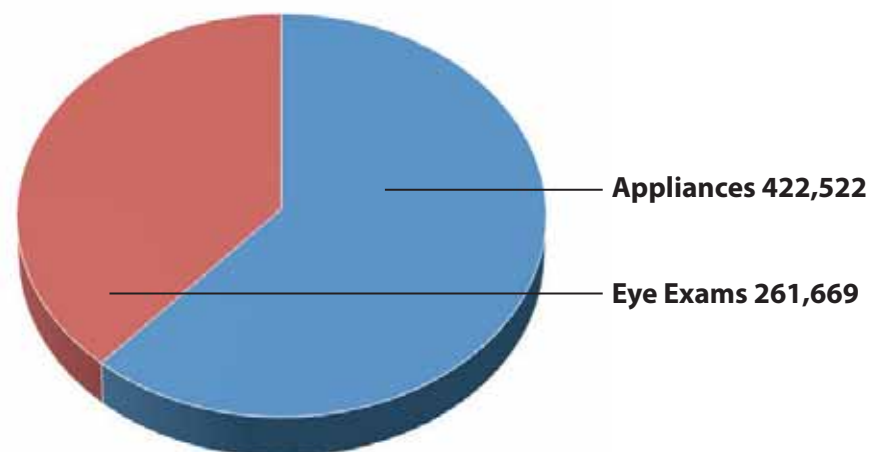
Payments to Optometrists/Ophthalmologists: Claims Reimbursed 2013 - 2022



Year	Payments to Optometrists/Ophthalmologists
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
2022	€26,120,431

Number of Treatments by Optometrists/Ophthalmologists

National Number of Treatments 2022

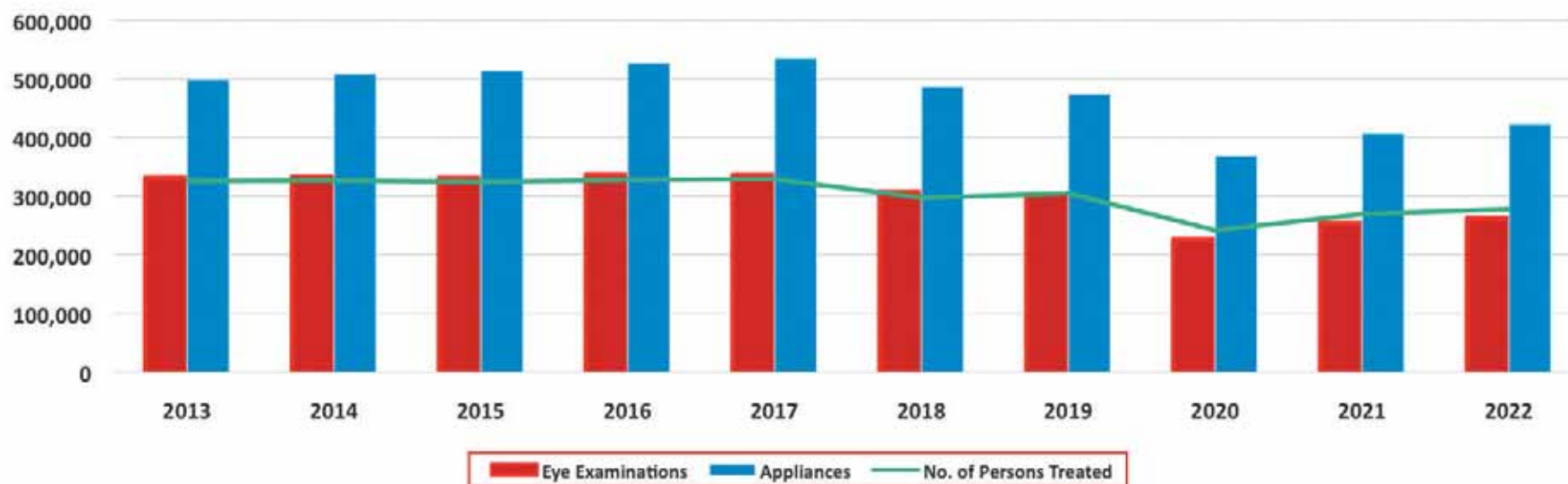


Number of Treatments by Optometrists/Ophthalmologists in each CHO

Community Healthcare Organisation	Eye Examinations	Appliances	No. of Persons Treated	Value of Reimbursements
CHO Area 1	28,468	46,327	31,509	€2,808,575
CHO Area 2	27,056	49,771	30,960	€2,885,981
CHO Area 3	22,256	36,801	24,254	€2,161,953
CHO Area 4	40,262	57,845	38,695	€3,769,283
CHO Area 5	36,662	68,969	42,194	€3,838,277
CHO Area 6	17,168	18,197	14,936	€1,510,854
CHO Area 7	30,720	48,963	32,611	€3,133,801
CHO Area 8	31,605	56,175	35,172	€3,336,281
CHO Area 9	27,472	39,474	27,114	€2,675,426
National	261,669	422,522	277,445	€26,120,431

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

Number of Treatments by Optometrists/Ophthalmologists 2013 - 2022



Year	Eye Examinations	Appliances	No. of Persons Treated	Value of Reimbursements
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
2022	261,669	422,522	277,445	€26,120,431

Appendix

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

PCRS Annual Reports

Statistical Analysis of Claims and Payments 1998 - 2022

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 Claims

Dental Reports

Monthly Expenditure Report for DTSS

DTSS Payments and Number of Treatments

Optical Reports

High Tech Reports

Contractor Reports

Annual Flu Reports

