



General Medical Services (Payments) Board



Report for the year ended 31st December 2000



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**Report for the
year ended
31st December
2000**

**GENERAL
MEDICAL
SERVICES
(PAYMENTS)
BOARD**



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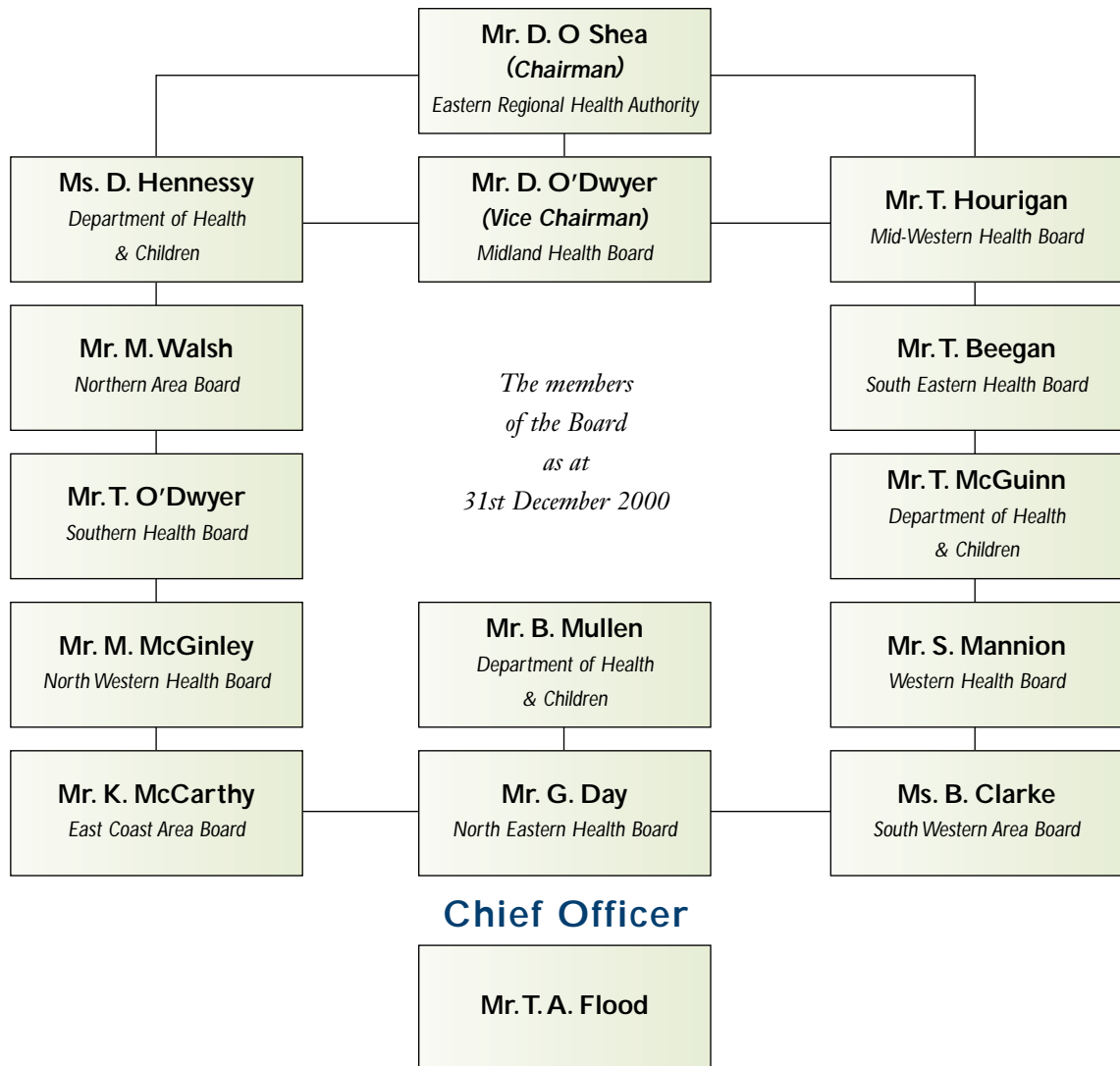
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The Board



Mr. Paul Robinson, North Eastern Health Board, Mr. Peter Finnegan, South Eastern Health Board and Mr. Derry O'Dwyer, Midland Health Board resigned their membership of the Board in the course of the year. The Board is indebted to them for their commitment and dedication to the work of the Board in the period they served as members. Mr. O'Dwyer served as Vice Chairman for 13 years. He retired at year end and he carries with him the best wishes of all of his former colleagues on the Board for a long and healthy retirement.

The Eastern Regional Health Authority and the three Area Boards (Northern Area Board, East Coast Area Board and South Western Area Board) provided for under The Health (Eastern Regional Health Authority) Act of 1999, were established on the 1st March 2000. The Authority and each of the Area Boards is entitled to designate an officer to be a member of the General Medical Services (Payments) Board. The Board's Establishment Order was amended by S.I. No. 75 of 2000 to provide for an increase in the membership of the Board from 11 to 14 to accommodate this change.

Mr. D. O Shea, Chief Executive of the Eastern Regional Health Authority, continues as Chairman of the Board. Mr. M. Walsh, formerly designated by the Chief Executive Officer of the Eastern Health Board to be a member of the Board, continues his membership as the Officer of the Northern Area Board designated by the Area Chief Executive. Ms. Brid Clarke and Mr. Kevin McCarthy were each designated by their respective Area Chief Executives in the South Western Board and the East Coast Area Board to be members of the Board. The members of the Board extended a warm welcome to all new members including Mr. Geoff Day, North Eastern Health Board, Mr. T. Beegan, South Eastern Health Board and Mr. T. Hourigan, Mid-Western Health Board, who became Board Members in the course of the year.



Mr. D. O Shea



Mr. T. A. Flood



Mr. D. O'Dwyer



Ms. D. Hennessy



Mr. M. Walsh



Mr. T. O'Dwyer



Mr. M. McGinley



Mr. T. Hourigan



Mr. T. Beegan



Mr. B. Mullen



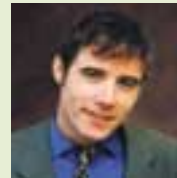
Mr. S. Mannion



Mr. T. McGuinn



Ms. B. Clarke



Mr. K. McCarthy



Mr. G. Day

Constitution of the Board

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

The Board consists of fourteen members comprising:

- (a) (i) one officer of each Health Board designated by the Chief Executive Officer of the Health Board and
- (ii) one officer of each Area Health Board established by Section 14 of the Eastern Regional Health Authority Act, 1999, designated by the Area Chief Executive of the Area Health Board and
- (b) three other persons appointed by the members referred to in (a) (i) and (ii).

Functions of the Board

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

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

Community Based Services - Payment Arrangements

Almost all payments for services provided in the community by General Practitioners, Community Pharmacies, Dentists and Optometrists/Ophthalmologists are made by the Board. Payments in the Year 2000 were in excess of £644m (€818m). Estimated payments by the Board for 2001 are £750m (€952m).

Claim data is processed and payments are made by the Board under the following Schemes/Payment Arrangements:-

General Medical Services (GMS)

Persons who are unable without undue hardship to arrange general practitioner medical and surgical services for themselves and their dependants receive a free general medical service.

Drugs, medicines and appliances supplied under the Scheme are provided through retail pharmacies. In most cases the Doctor gives a completed prescription form to a person, who takes it to any pharmacy that has an agreement with a Health Board to dispense GMS prescription forms. In rural areas the Doctor may dispense for those persons who opt to have their medicines dispensed by him/her. All GMS claims are processed and paid by the Board.

Drugs Payment Scheme (DPS)

Under the Drugs Payment Scheme persons who are ordinarily resident in the State and who do not have a current medical card can benefit - no individual or family has now to pay no more than £42 in a calendar month for approved drugs, medicines and appliances for themselves or their families. In order to benefit under this Scheme a person must register themselves and their dependants with their local Health Board. Items currently reimbursable under the Drugs Payment

Scheme are those listed in the GMS Code Book. Other items which were reimbursable under the DCS and Refund of Drugs Schemes continue, in certain circumstances, to be reimbursable under the Drugs Payment Scheme. DPS claims are processed and paid by the Board.

Long Term Illness Scheme (LTI)

On approval by Health Boards persons who suffer from one or more of a schedule of illnesses are entitled to obtain, without charge, irrespective of income, necessary drugs/medicines and/or appliances under the LTI Scheme. All LTI claims are processed and paid by the Board.

Dental Treatment Services Scheme (DTSS)

Under the Dental Treatment Services Scheme GMS eligible adults have access to a range of treatments and clinical procedures comprised of Routine Treatments and Full Upper and Lower Dentures. Routine Treatments are now available for all eligible persons. Dentists may also prescribe a range of medicines to eligible persons. All claims under the DTS are processed and paid by the Board.

European Economic Area (EEA)

Residents from one of the other states of the European Economic Area, with established eligibility, who require emergency general practitioners 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 a Health Board within the State. EEA claims are paid by the Board.

High Tech Drugs (HTD)

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 growth hormones. The medicines are purchased by the Health Boards and supplied through Community Pharmacies for which Pharmacies are paid a patient care fee: the cost of the medicines and patient care fees are paid by the Board.

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 and Rubella. Payments under this scheme to Doctors in the Midland, Mid-Western, Southern and Western Health Boards are made by the Board.

Health (Amendment) Act 1996

Under the Health (Amendment) Act 1996 certain health services are made available without charge to persons who have contracted Hepatitis C directly or indirectly from the use of Human Immunoglobulin - Anti D or the receipt within the State of another blood product or blood transfusion. General practitioner services, pharmaceutical services and dental services provided under the Act are paid for by the Board.

Methadone Treatment Scheme

Methadone is prescribed and dispensed by Doctors and Pharmacists for approved clients under the Methadone Treatment Scheme - capitation fees payable to participating Doctors and Community Pharmacists and claims by Pharmacies for the ingredient cost of the Methadone dispensed and the associated dispensing fees are processed and paid by the Board.

Health Board Community Ophthalmic Services Scheme (HBCOSS)

The Health Board Community Ophthalmic Services Scheme was introduced to provide Optometric/Ophthalmic services to adult medical card holders and their dependants not entitled to benefit under the DSCFA Benefit Treatment Scheme. Under the HBCOS eligible persons have access to free eye examinations and necessary spectacles/appliances. Payments in respect of spectacles provided under the Childrens Scheme are also made by the Board on behalf of certain of the Health Boards.

Chairman's Statement



Mr. Donal O Shea, Chairman

It is again my pleasure to join with the members of the General Medical Services (Payments) Board to present the Board's Annual Report for the Millennium year 2000. The data recorded in this the 27th Annual Report of the Board when compared with the report for 1974, the first full year of the Choice-of-Doctor Scheme, illustrates how the services available to GMS eligible persons have been expanded over the years -

- ◆ In the year covered by this report the Board paid out £644m;
- ◆ In the coming year payments are expected to be in the order of £750m;
- ◆ More than 4,600 Doctors, Pharmacists, Dentists and Optometrists/Ophthalmologists who provide services in the community shared in the amount paid out by the Board;
 - Medical Services Cost £134m
 - Fees* £90m
 - Allowances* £44m
 - Pharmaceutical Services Cost £456m
 - Medicines* £350m
 - Fees & Mark-Up* £106m
 - Payments to Dentists totalled £30m

- Optometrists/Ophthalmologists were paid £6.9m
- 32m pharmacy claim items were processed and paid in the year
- More than 50m data items were processed by the Board.

One of the most notable improvements to services for GMS eligible persons in the year was the extension of the Dental Treatment Services Scheme to benefit the 35/64 age group - with the inclusion of this cohort of persons the phased introduction of the DTSS to embrace all GMS persons has been completed. This expansion is reflected in the increase in the volume of claims by Dentists and the corresponding increase in the total of payments by the Board. In the course of the year the Department of Health & Children and the Health Boards concluded an agreement with Doctors for the immunisation of at risk groups against Meningitis C - General Practitioners are providing this service to the under 22 age group. An immunisation service was introduced during the year for GMS eligible persons aged 65 years and over and for others at risk because of a medical condition - such persons are now entitled to be vaccinated against Influenza and Pneumococcal Disease - claims by GPs for administering these services are processed for payment by the Board.

The range of services now available is reflected in the very significant increase in the funding by the State to meet the expectations of service providers and service users. In addition to medical and pharmaceutical services GMS eligible persons also have Dental and Ophthalmic Schemes available to them while non GMS persons can benefit under a number of other schemes depending on their illness or circumstances - claims for payment under any of these schemes are processed by the Board and are reported on by the Board in its Annual Report.

All persons who are resident in the State have eligibility for Health Services. GMS eligible persons have full eligibility while all other persons enjoy varying degrees of eligibility - to establish eligibility for Health Services delivered at Primary Care level a person must register with a Health Board. More than half of the population used at least one of the services which were paid for by the Board in the year and almost 90% of eligible GMS persons availed of medical, pharmaceutical, dental or ophthalmic services. It is regrettable that fewer people than expected registered with Health Boards under the Drugs Payment Scheme - at year end the Board had issued 942,000 DPS cards - hopefully this situation will show considerable improvement in 2001.

The combined total of pharmaceutical claims increased by more than 4.45 million claim items to 32 million compared to almost 28 million in 1999 - this phenomenal change is reflected in an overall increase of more than £130m in payments - the total paid by the Board in the year was £644m compared to £514m in 1999. More than £456m - 70% - of the total payments was in respect of pharmaceutical services - the cost of drugs and medicines was £350m - fees and allowances for Doctors totalled £134m - Dentists were paid £30m and Optometrists/Ophthalmologists were paid £6.9m. The amounts, up to £42, which are paid each month under the Drugs Payment Scheme by persons or families are not included in the cost of pharmaceutical services. Analysis of drug usage by GMS eligible persons over a five year period shows a significant upward trend in the pattern of usage of products introduced to the market over recent years for the treatment of conditions such as reflux oesophagitis and peptic ulceration and also drugs used in the treatment of cardiovascular conditions: Proton Pump Inhibitors used to treat reflux oesophagitis and peptic ulceration increased in prescribing frequency from 204,500 in 1996 to 607,200 in the

current year. The prescribing frequency of cardiovascular system medication increased from 3.6 million in 1996 to 4.9 million in the current year. Clinical Nutritional Products, generally prescribed as an adjunct to medicinal products, have grown in prescribing frequency from 113,300 in 1996 to 173,700 in 2000. Clearly greater numbers of GMS eligible persons are being treated in the community with Clinical Nutritional Products - the same may also be said of other product groups which have shown significant increases such as Diagnostics (used in the monitoring of conditions such as diabetes) and also Antidepressants.

Progress in the year towards the building and population of a Central Client Eligibility Index (CCEI) was well up to expectations. The Index project is now in the delivery stage. Following an extensive and comprehensive evaluation process Compaq Ireland Ltd. was selected to complete the project. Compaq are currently configuring their technical solution to meet the specific needs of the Board and discussions with the regional Health Boards regarding the timing and mechanisms for implementing the Index within the Health Boards for the GMS Scheme and Community Drug Schemes are ongoing. The Board is also well advanced in implementing its agreed strategy with Community Pharmacists. Currently nearly 40% of Pharmacists submit approximately 1 million claim items electronically to the Board each month. Using the Index the Pharmacist will, for the first time in the history of the GMS, be able to validate a persons eligibility for the particular pharmaceutical service being provided - for these very significant developments to happen Health Board patient files will be brought up to date and each medical card persons Personal Public Service Number (PPSN) will be added to their record on the index - existing medical cards will be replaced by a new swipe card.

The Board's Executive has in the course of the year continued the practice of meeting with representatives of the various client groups to discuss issues of mutual interest and where necessary to endeavour to resolve difficulties when they arise. The co-operation and goodwill shown by these groups is very much appreciated. The Board is indebted to General Practitioners, Community Pharmacists, Dentists, Optometrists/Ophthalmologists, their families and their staffs for their increasing dedication to the delivery of Primary Health Care Services to their communities. The staff of Health Boards especially those persons who deal directly with service providers and service users and who interface regularly with the staff of the Board are very deserving of a special word of appreciation. To the Board's staff, who in the year had to re-double their efforts to cope with additional volumes and a more complex working environment I say a special thank you.

I am indebted to my fellow Board Members, whose numbers increased in the year from 11 to 14 to accommodate the numbers of Health Boards who are now entitled to designate one of their officers to be a member of the Board, for their dedication and commitment. Members who regularly attend meetings of the Board and who participate in so many other ways in the work of the Board help me enormously to discharge my role as Chairman. To them I offer my thanks and appreciation for their efforts throughout the year.



Mr. Donal O Shea
Chairman

Review and Outlook

The Millennium Year

Throughout 1999 there was genuine concern among users of computerised systems lest some aspect of embedded code would not be Y2K compliant which gave rise to feverish activity in checking and double checking codes so as to ensure, as far as possible, that the move into the new century would be trouble free (from a systems perspective). Preparations by the Board were well justified by an incident free move into the year 2000. Almost all Community Pharmacies availed of the grant of £1,000 to upgrade their systems to make them Y2K compliant and/or to meet the standard required to further the joint General Medical Services (Payments) Board/ Irish Pharmaceutical Union eCommerce agenda.

Pharmacy Claims and Payments

As an incentive to Community Pharmacies to engage with the Board to eliminate manual data capture by Board's staff an 'early payment' arrangement for Pharmacies who transmit their GMS/DPS claim data electronically was introduced in April 2000. Pharmacies who meet the criteria for early payment are now paid not later than fourteen working days from the last day of the month compared to 34 working days for paper only claims. More than £12m is paid each month under this arrangement to more than 300 Pharmacies. Difficulties which had prevented the 'roll out' of 'Quick Claim' pharmacy system software to all pharmacy system users were overcome in the course of the year - by year end almost 400 Pharmacies were submitting up to one million GMS/DPS claim items each month - it is proposed in the coming year that the electronic data transfer system will encompass all pharmacy claim types and that barriers which prevent total data transfer will be overcome. The year under review was the first calendar year of the Drugs Payment Scheme - by year end it was still not possible for this Scheme to be managed as was intended because of the failure of many users and

potential users to register with Health Boards as required in order to fully benefit under this Scheme.

Of the patient numbers used each month approximately 8% of DPS claims have no match on the Board's Patient File notwithstanding the fact that up to 25% of unmatched numbers are valid Personal Public Service Numbers (PPSN). The absence of a registered number on a DPS claim form results in (the named individual or members of his/her) family/families being deprived of the principle benefit of the Drugs Payment Scheme i.e. a cap on expenditure on prescribed drugs/medicines in a month.

Dental Treatment Services Scheme

Under the terms of the agreement concluded in December 1999, between the Department of Health & Children, on behalf of Health Boards and the Irish Dental Association, provision was made for (i) the replacement of four separate claim forms by a double sided form; (ii) the extension of the Scheme to embrace all eligible GMS persons in the 35 - 64 age category; (iii) the discontinuation of the Emergency Scheme and (iv) the recruitment and appointment of Examining/GP Unit Dentists. Eligibility under the DTSS was extended to all eligible GMS persons with effect from January 2000 - this coincided with the discontinuation of the Emergency Scheme. Apart from agreement that a double sided form was unworkable there has been little, if any, progress towards the introduction of the single claim form and the associated validation procedures in the year.

Immunisations for certain GMS eligible persons

Agreement was reached during the year between the Department of Health & Children 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, the combined Pneumococcal/Influenza and Hepatitis B. The Board facilitated claiming for any of these immunisations by extending the range of codes for 'Special Items of Service' and introduced the necessary software changes to the STC payment processing system thereby enabling GPs to utilise a claiming mechanism for these new items of service which was very familiar to them for the claiming of STCs.

Revised arrangements for Dispensing General Practitioners

Following the conclusion of an agreement between the Department of Health & Children and the Irish Medical Organisation revised arrangements and procedures for Doctors who are required to dispense drugs/medicines to their GMS patients were promulgated - it was expected that these new arrangements could be implemented by January 1st 2001 but a difficulty encountered with a developer of GP software has delayed implementation. Under the agreement the number of Dispensing Doctors would be reduced to 153, each will be required to submit their dispensing records electronically and in return a very much enhanced dispensing fee has been introduced. No effort is being spared to overcome the barrier to progressing this matter. A manual of good dispensing practice was prepared, in collaboration with IMO representatives, for circulation among Dispensing GPs.

Monitoring the Prescribing and Dispensing of Controlled Drugs

A very significant number of pharmacy claims processed by the Board are in respect of drugs/medicines, the prescribing and dispensing of which fall within the ambit of the Misuse of

Drugs Regulations. The Board receives periodic reports by its Executive on the operation of these statutory arrangements. Having considered one such report during the year the Board decided to establish a group to examine the level of compliance with legal requirements and the level of monitoring and inspection being carried out by the responsible bodies. The group to be set up will be comprised of representatives of the Health Boards, the Department of Health & Children and the General Medical Services (Payments) Board.

Euro Changeover Plan

A comprehensive Euro Changeover Plan was prepared and circulated in May. This plan set out the timetable and the work which needed to be completed in order that the Board would be fully prepared to transact all of its business in Euro by the due date. As the business of the Board is highly IT driven the bulk of the preparatory work is in this area. A complete system review to identify all areas where changeover will impact has commenced.

Phase I of the plan (which operated from January to December 2000) involved the use of the Irish Punt as base currency for all transactions, payments and reports, with a one line summary in Euro at the end.

Phase II is due to commence on 1st January 2001 and run to 31st December 2001 - in this phase the Euro will be the base currency. All transactions, payments and reports generated by the Board will be in Euro, with a one line summary in Irish Punts.

Phase III will commence on Euro Day 1st January 2002 when the Euro will become the national base currency. By mid February, all Irish Punts are to be returned to banks and summary conversions will no longer be shown on transactions, payments or reports.

All of the Board's clients have been furnished with copies of the Board's plan - reminders will be sent at critical dates e.g. when we are moving from one phase to another.

Administration

General Administration costs inclusive of salaries etc. were £9.3m. Of this amount £0.35m is the cost of providing laminated plastic cards for the Drugs Payment Scheme which was introduced in July 1999; ongoing computer systems development accounted for £1.6m; Health Board stationery (prescription forms, claim forms etc.) cost £0.69m; other stationery supplies cost £0.53m and postal and telephone charges also cost £0.28m. Salaries, wages and other staff costs totalled £2.87m i.e. less than 0.5%.

Prompt Payment of Accounts Act

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

The arrangements in place for the submission of claims to the Board for payment and the processing of such claims by the Board are covered by the terms of the contracts between Health Boards and individual Doctors, Pharmacists, Dentists and Optometrists/Ophthalmologists. Details relating to the submission of claims and the making of payments are contained in official circular letters - the terms of which are agreed with the

representative organisations - such letters are an elaboration of contract terms.

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

IT and Business Strategy Development

In the Business Statement & Information Systems Strategy, adopted in 1999, proposals are set out for the use of state of the art technology to address its day to day operations and the experience of the past twelve months demonstrates just how quickly the Board has moved to give practical effect to this strategy. The Central Client Eligibility Index (CCEI) forms a corner stone for much of the development of what the Board views as a Unique Patient Identifier (UPI) Scheme. This Scheme is recognised as having the potential to support a co-ordinated approach on the development of regional and contractor IT systems, which underpin the various eligibility related schemes.

With the roll out of the Index, contractors (General Practitioners, Community Pharmacies, Dentists and Optometrists/Ophthalmologists) will for the first time be in a position to validate patient eligibility for the service being provided - all persons who wish to avail of a State funded scheme and who have registered with a Health Board will be provided with a 'swipe' card which will be used to confirm eligibility for the

requested service - each such card will hold a persons Personal Public Service Number (PPSN) these cards can be used by authorised persons to check, on line, against the Index the current status of a persons eligibility.

For this to happen all of the patient records of all parties involved in the administration of these schemes (i.e. the GMS(P)B, the Health Boards and the contracting General Practitioners, Pharmacists, Dentists and Optometrists/Ophthalmologists) must hold the same patient identifier (i.e. the PPSN) and have the same persons registered on their file.

The planned programme for a GMS/UIP Scheme will be implemented in three phases as follows:-

- ♦ Phase 1
 - Phase 1a* - implementation in the GMS(P)B and Health Boards (for GMS(P)B administered schemes only) - this is ongoing;
 - Phase 1b* - implementation in Community Pharmacies - planned for implementation during 2001.
- ♦ Phase 2
 - Phase 2a* - General Practitioners - to commence in 2001;
 - Phase 2b* - Dentists - to commence in 2001;
 - Phase 2c* - Optometrists/Ophthalmologists - to commence in 2001.
- ♦ Phase 3
 - Phase 3a* - implementation in other areas of the Health Board Community Care Programme - to be planned;
 - Phase 3b* - implementation to be planned.

The benefits to the GMS(P)B of implementing this UIP Scheme are - better targeting of resources, more streamlined/efficient reimbursement processes and better management information.

In addition to the implementation of the UIP Scheme outlined above the Board also intends to increase its electronic claims submission functionality in Pharmacy and to extend this functionality to encompass General Practitioner and Dental reimbursement claims. In line with the eGovernment agenda the Board would also plan to have available a Web based architecture to allow contractors submit claims.

One of the major project areas also to be addressed in the coming year is that of Business Intelligence. This will involve the use of Data Mining tools to examine the data held in the Board's data warehouse in order to achieve real value in terms of health service planning and management.

The Board would also propose to expand its involvement in and to support others in pursuit of worthwhile research projects.



Mr. T. A. Flood
Chief Officer

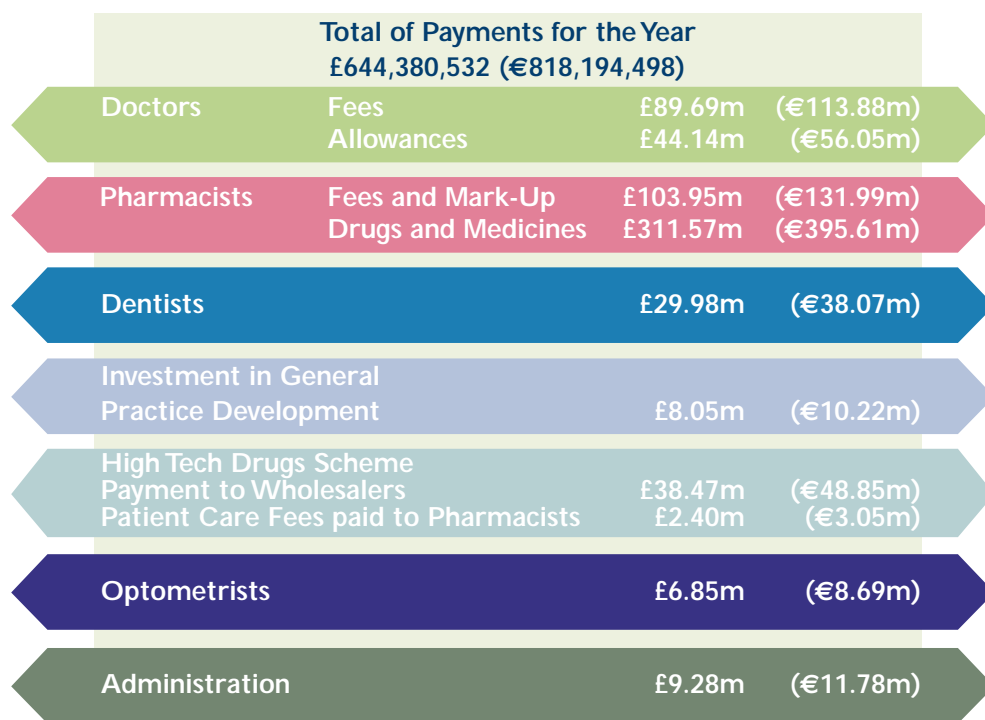
Summary Statement of Activity During the Year

- ◆ Payments in the Year were in excess of £644m (€818m).
- ◆ Claim data is processed and payments are made by the Board under the following Schemes:
 - General Medical Services (GMS);
 - Drugs Payment (DP);
 - Long Term Illness (LTI);
 - Dental Treatment Services (DTS);
 - European Economic Area (EEA);
 - High Tech Drugs (HTD);
 - Primary Childhood Immunisation;
 - Health (Amendment) Act 1996;
 - Methadone Treatment;
 - Health Board Community Ophthalmic Services (HBCOS).
- ◆ At year end there were more than 2.17m persons registered as being eligible to benefit under the General Medical Services, Drugs Payment, Long Term Illness, Dental Treatment and Health Board Community Ophthalmic Services Schemes.
- ◆ More than 88% of eligible GMS persons availed of GP, Pharmaceutical, Dental or Ophthalmic services provided by more than 4,600 Doctors, Pharmacists, Dentists and Optometrists/Ophthalmologists.
- ◆ More than 32m prescription items were paid for by the Board - an increase of over 4.5m items on 1999.
- ◆ Fees and allowances paid to Doctors totalled £133.83m (€169.93m).
- ◆ Payments to Pharmacies totalled £417.92m (€530.65m):
 - GMS £266.83m;
 - DP £110.73m;
 - LTI £32.87m;
 - EEA £1.04m;
 - Patient Care Fees under the High Tech Drugs Scheme £2.40m;
 - The Health (Amendment) Act 1996, Methadone Treatment Scheme and DTS prescriptions £4.05m.
- ◆ Payments to Dentists under the DTS totalled £29.95m (€38.03m).
- ◆ Payments to Optometrists/Ophthalmologists under the HBCOS totalled £6.85m (€8.69m).
- ◆ Payments to Wholesalers under the HTD totalled £38.47m (€48.85m).
- ◆ Administration costs in the accounting period of 2000 were £9.28m (€11.78m).
- ◆ Claims processed are in respect of services provided in the community and availed of by almost 50% of the population.

The Year 2000

Payments by the Board in the year under review totalled £644,380,532 - this compared to a total of £514,255,758 in 1999. Payments under the GMS, DP and LTI Schemes to Pharmacies were £86m more than in the previous year. Fees and allowances to GPs increased by £11.95m. Dentists received increased payments of £15.56m which includes arrears paid of £1.91m. Investments by Health Boards in General Practice developments increased by £0.74m. Payments under the High Tech Drugs Scheme increased by £7.56m. Optometrists received an increase in payments of £5.41m.

The increase in payments by the Board in 2000 reflects the increased level of Doctor/Dentist/Pharmacist/Optometrlist/Patient contacts.



- ◆ Allowances paid to Doctors include an amount of £4,449,295 paid as superannuation to Retired District Medical Officers and their dependants.
- ◆ Fees to Doctors include an amount of £1.59m in respect of the Primary Childhood Immunisation Scheme, £0.14m in respect of the Health (Amendment) Act 1996, £1.38m in respect of the Methadone Treatment Scheme.
- ◆ Payments to Pharmacists include an amount of £0.62m in respect of drugs/medicines dispensed under the Health (Amendment) Act 1996, an amount of £3.09m in respect of the cost of Methadone dispensed under the Methadone Treatment Scheme and an amount of £0.33m in respect of DTS prescriptions.
- ◆ The corresponding figures for 1999 are -
 - Total of Payments £514,255,758.
 - Doctors' Fees £79.91m and Doctors' Allowances £41.97m.
 - Pharmacists' Fees and Mark-Up £80.00m, Drugs and Medicines £248.54m.
 - Payments to Dentists under the DTS Scheme were £14.42m.
 - Investment in General Practice Development was £7.31m.
 - High Tech Drugs Scheme: Payment to Wholesalers £31.6m; Patient Care Fees £1.7m.
 - Administration £7.35m.

Number of Agreements

1,798 Doctors

1,180 Pharmacists

1,206 Dentists

420 Optometrists

The number of agreements between Health Boards and General Practitioners for the provision of services to GMS persons reflects the policy position agreed between the Department of Health & Children and the Irish Medical Organisation on entry to the GMS. In December 2000 there were 1,798 such agreements - this would not have been the total number of GPs providing services to GMS persons as many practitioners retain assistants who share in the work of their practices including the provision of services to GMS persons. There were 258 GPs who do not hold GMS agreements and who were registered as providing services under the Primary Childhood Immunisation Scheme, the Health (Amendment) Act 1996 and the Methadone Treatment Scheme at year end.

The number of pharmacy agreements extant at year end was 1,180 - an increase of 6 over the number for 1999.

Dentists who had entered into agreements with Health Boards for the provision of Dental services to GMS persons increased in number from 1,141 to 1,206 in 2000. The greatest increase (35) occurred in the Eastern Regional Boards.

The number of Optometrist/Ophthalmologist agreements at year end was 420 - an increase of 56 over the number for 1999.

Number of Agreements as at 31st December 2000

Health Board	Doctors	Pharmacists	Dentists	Optometrists
Eastern Regional Boards	573	389	380	148
Midland	101	65	70	34
Mid-Western	163	116	82	30
North Eastern	145	100	127	46
North Western	120	66	63	15
South Eastern	194	131	146	45
Southern	289	189	243	54
Western	213	124	95	48
National	1,798	1,180	1,206	420
Corresponding Figures for 1999	1,679	1,174	1,141	364

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

In the Eastern Region in the period up to 1st March Primary Care Services were provided by the EHB - Services formerly provided by the EHB are now provided by the Northern Area Board, East Coast Area Board and the South Western Area Board. Full year figures for each of the Area Boards will not be available until 2001.

Persons Eligible for Services

GMS 1.148m

DP 0.942m

LTI 0.083m

Persons who are unable without undue hardship to arrange general practitioner medical and surgical services plus dental and optometric/ophthalmic services for themselves and their dependants are provided with such services free of charge under the GMS Scheme. An eligible person registers with the Doctor of his/her choice, from among the list of named Doctors who have entered into agreements with Health Boards. Drugs, medicines and appliances supplied under the Scheme are provided through Community Pharmacies. Dental and ophthalmic services are provided by Dentists and Optometrists/Ophthalmologists who have contracted with Health Boards to do so. GMS prescription forms may be dispensed in any Pharmacy that has an agreement with a Health Board to dispense GMS prescription forms. In rural areas, where a Doctor has a centre of practice three miles or more from the nearest retail Pharmacy participating in the Scheme, the Doctor dispenses for those persons served from the centre who opt to have their medicines dispensed by him/her. The number of eligible GMS persons at year end was 1,148,055 which included 70,000 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 on a family unit basis. Prescribed medicines, which are reimbursable under the GMS, costing in excess of a specified amount per month, currently £42 per family, is claimed by the Pharmacy and is paid by the Board.

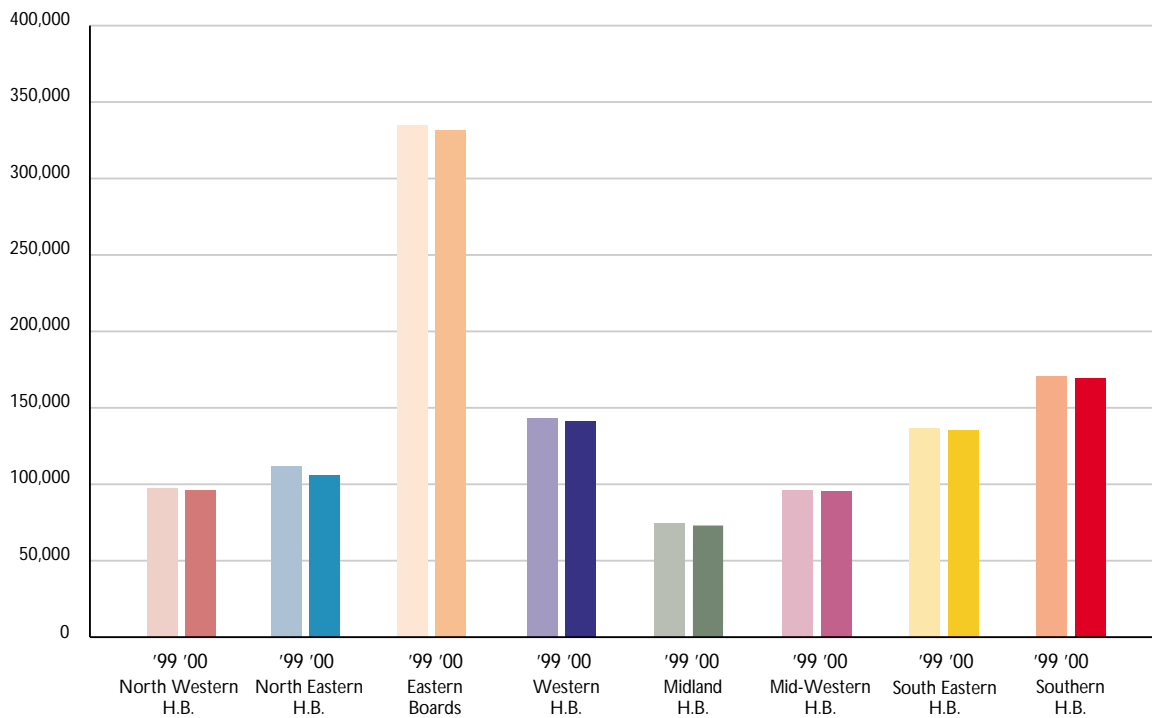
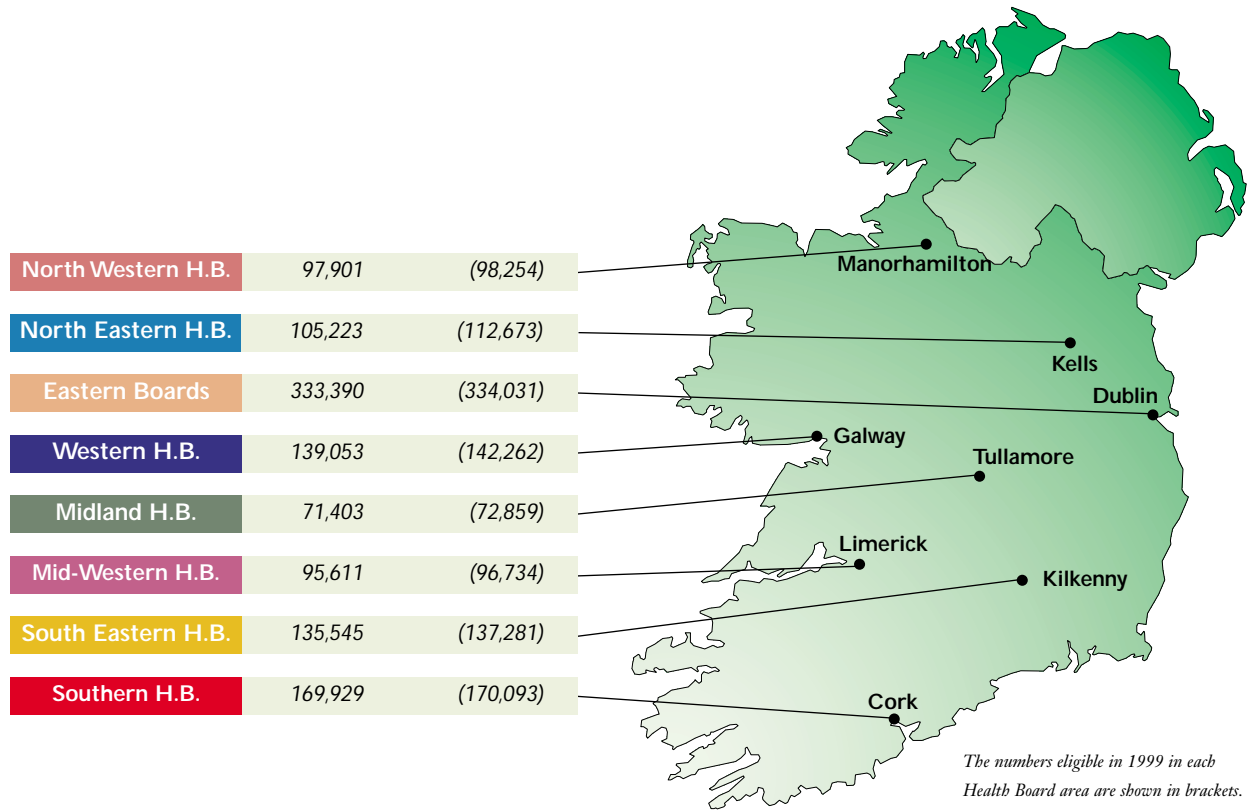
On approval by Health Boards persons who suffer from one or more of a schedule of illnesses are entitled to obtain, without charge, irrespective of income, necessary drugs/medicines and/or appliances under the LTI Scheme. The Board makes payments on behalf of Health Boards for LTI claims submitted by Pharmacies.

Number of Eligible Persons as at 31st December 2000

Health Board	GMS	DP	LTI
Eastern Regional Boards	333,390	330,848	39,547
Midland	71,403	52,465	3,423
Mid-Western	95,611	91,268	5,481
North Eastern	105,223	86,516	5,321
North Western	97,901	44,487	3,839
South Eastern	135,545	100,603	6,907
Southern	169,929	151,086	12,844
Western	139,053	84,920	5,257
National	1,148,055	942,193	82,619
% of Population	30.32%	24.88%	2.18%
Corresponding figures for 1999	1,164,187	699,867	76,848

GMS - General Medical Services Scheme. DP - Drugs Payment Scheme. LTI - Long Term Illness Scheme.

Number of Persons Eligible under the GMS Scheme by Health Board as at December 2000



Payments to Doctors

Fees £89.69m

Allowances £44.14m

Payments to General Practitioners for services provided to GMS persons under agreements with Health Boards are categorised as fees or allowances. For the majority of GPs who operate under the 1989 agreement the principle fee item is the capitation per person weighted for gender, age and distance from Doctor's centre of practice - such capitation fees totalled £61,103,328 in 2000 - an increase of £1,625,608 over 1999. Fees totalling £1,384,100 were paid to 29 GPs who continue to provide services to their registered GMS persons under the Fee-Per-Item of service agreements.

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

In addition to a capitation fee an outside normal hours fee is payable for non routine consultations when an eligible GMS person is seen by their GP or another GP acting on his/her behalf from 5pm in the evening to 9am on the following morning (Monday to Friday) and all hours on Saturdays, Sundays and Bank Holidays. The number of 'Out-of-Hours' claims increased to 525,247 in 2000 compared with 448,297 in 1999 - and the cost of such claims increased to £13,527,427 from £11,268,797 in 1999. Special fees are payable for a range of 18 services such as excisions, suturing, vaccinations, catheterization, family planning etc. (refer to page 34 for full list of special items) - the most frequent claimed special service in 2000 was Influenza Vaccinations (131,560) followed by Excisions (47,701) and Nebuliser Treatments (40,548) - there was a total of more than 341,000 special services provided in 2000 - special fees totalling £7,026,504 were paid in 2000.

Annual and Study Leave together with locum, nursing, and secretarial support plus other practice support payments and superannuation fund contributions, account for most of the £44,142,779 allowances paid in the year. The total paid in 1999 was £41,965,636.

Total of Payments to Doctors by Health Board

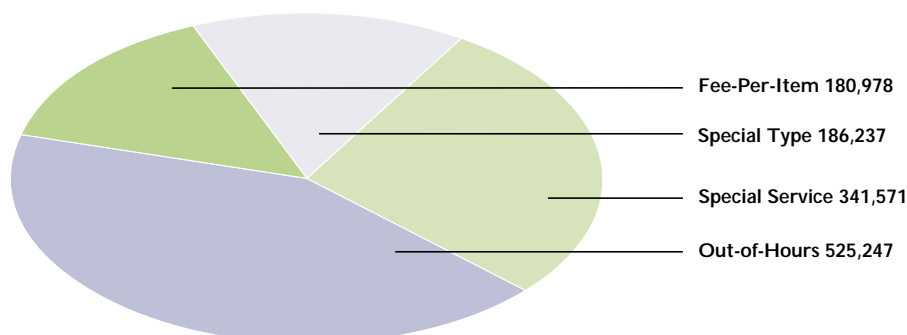
Health Board	2000
Eastern Regional Boards	£33,047,308
Midland	£9,112,578
Mid-Western	£11,489,957
North Eastern	£12,289,516
North Western	£11,823,577
South Eastern	£16,079,931
Southern	£21,642,906
Western	£18,345,443
National	£133,831,216
Corresponding figure for 1999	£121,876,159

The total of payments to Doctors in the Midland, Mid-Western, Southern and Western Health Boards includes payments of £1.59m under the Primary Childhood Immunisation Scheme; £0.14m to Doctors who provided services under the Health (Amendment) Act 1996 and £1.4m under the Methadone Treatment Scheme.

For details of Fees and Allowances payable refer to pages 34 - 35.

Volume of Claims by Doctors

National - Number Of Claims - 2000



Number of Claims in each Health Board

Health Board	Fee-Per-Item	Special Type	Special Service	Out-of-Hours
Eastern Boards	95,790	40,507	74,322	101,618
Midland	-	15,246	25,866	39,830
Mid-Western	37,145	19,141	31,599	37,080
North Eastern	-	13,188	26,427	37,900
North Western	-	17,835	34,178	45,833
South Eastern	10,648	17,748	27,383	73,469
Southern	37,395	31,903	60,681	105,898
Western	-	30,669	61,115	83,619
National	180,978	186,237	341,571	525,247
Corresponding figures for 1999	195,789	166,624	140,276	448,297

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

A minority of Doctors (29) who have continued to provide services under the Fee-Per-Item of Service agreement are paid a fee for each Doctor/Patient contact.

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

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

Payments to Pharmacies

GMS £266.83m

DP £110.73m

LTI £32.87m

EEA £1.04m

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

In 2000 there were 9.74m such prescription forms containing 22.88m prescription items dispensed at a cost of over £258.60m i.e. an average cost of £11.30 per dispensed item. More than 88% of all eligible GMS persons were prescribed for in the year. The average cost of medicines per GMS person in 2000 was £230.45.

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

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

The cost of the High Tech Drugs Scheme was £40.87m; at year end there were 16,247 persons registered under this Scheme - Patient Care Fees totalled £2.40m and payments for drugs and medicines totalled £38.47m.

In the year the Board paid £100m on drugs acting on the cardiovascular system (GMS £57m, DP £40m and LTI £3m). The second highest cost category was drugs acting on the nervous system £84m (GMS £53m, DP £26m and LTI £5m). The third highest amount paid was for drugs acting on the alimentary tract and metabolism system £81m (GMS £42m, DP £29m and LTI £10m).

Total of Payments to Pharmacies by Health Board

Health Board	GMS £	DP £	LTI £	*EEA £
Eastern Regional Boards	75,679,134	49,023,502	14,230,408	142,063
Midland	17,539,337	5,398,004	1,614,272	51,148
Mid-Western	24,468,985	9,840,348	2,299,374	78,547
North Eastern	25,377,539	8,251,774	2,771,811	82,219
North Western	19,087,761	4,397,839	1,746,547	157,183
South Eastern	31,683,263	10,634,054	3,431,847	126,120
Southern	41,773,524	15,680,478	4,451,633	211,266
Western	31,219,284	7,504,209	2,324,153	190,232
National	£266,828,827	£110,730,208	£32,870,045	£1,038,778
Corresponding figures for 1999	£229,300,498	£68,244,363	£27,209,488	£914,341

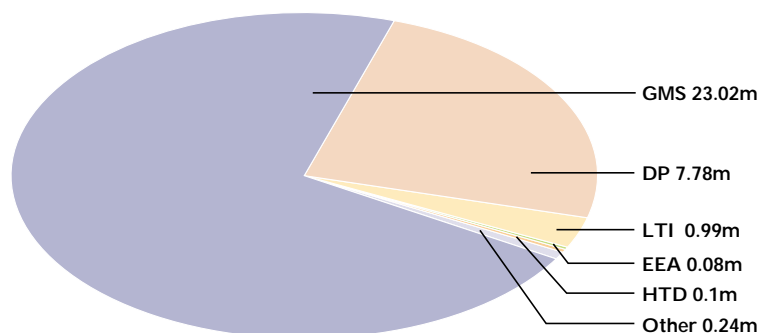
* EEA - Payment to Pharmacies to cover the cost of GMS prescriptions dispensed for residents from the European Economic Area.

Pharmacies were also paid in respect of the drugs/medicines dispensed under: Health (Amendment) Act 1996 - £623,196; Methadone Treatment Scheme - £3,092,722; DTS Scheme - £332,032 and Patient Care Fees totalling £2,400,392 under the High Tech Drugs Scheme. (Payments to Wholesalers under the High Tech Scheme amounted to £38.47m).

For details of Fees refer to page 36.

Volume of Claims by Pharmacies

National - Number of Items - 2000



GMS prescription forms processed for payment in the year totalled 9.74m - the total of prescribed items was more than 22.88m - these accounted for approximately 72% of all items paid for by the Board in 2000. Approximately 45% of forms contained a single item; almost 23% contained 2 items - the average number of items per form was 2.35 (1999 - 2.25).

GMS dispensed items paid for by the Board in 2000 increased by more than 1,210,000 the increase in the number of DP items was almost 3,066,000 - the overall increase in the number of pharmacy claims processed by the Board in the year was more than 4.45m.

Number of Items in each Health Board

Health Board	GMS	DP	LTI	EEA	HTD	*Other
Eastern Boards	6,605,806	3,314,146	422,693	11,360	35,010	164,650
Midland	1,526,878	401,200	48,670	3,562	5,466	5,406
Mid-Western	2,144,408	701,864	73,966	6,399	7,321	9,210
North Eastern	2,141,590	598,488	89,874	5,799	9,588	8,667
North Western	1,547,979	298,411	50,901	11,614	8,566	6,681
South Eastern	2,747,175	797,615	100,743	9,181	11,895	14,332
Southern	3,789,105	1,161,541	140,306	15,579	12,998	18,234
Western	2,513,608	503,021	60,619	12,697	8,866	9,099
National	23,016,549	7,776,286	987,772	76,191	99,710	236,279
Corresponding figures for 1999	21,806,032	4,711,052	877,210	74,770	75,468	197,305

* This group includes 35,964 claim items in respect of the Health (Amendment) Act 1996; 132,058 items under the Methadone Treatment Scheme and 68,257 prescription items under the DTS Scheme.

GMS - General Medical Services Scheme. **DP** - Drugs Payment Scheme.

LTI - Long Term Illness Scheme. **EEA** - European Economic Area. **HTD** - High Tech Drugs Scheme.

Other - Methadone Treatment Scheme, Health (Amendment) Act 1996 and Dental Treatment Services Scheme.

Payments to Dentists

Emergency £0.98m
Below the Line £7.44m

Above the Line £18.54m
Dentures £2.99m

Dentists were paid a total of £29,945,880 in 2000 inclusive of £1.9m arrears of fees, in respect of treatments provided for more than 158,000 GMS persons under the DTS Scheme.

The following treatments were available to all eligible GMS persons.

ROUTINE - Routine treatments are categorised as either 'Above the Line' or 'Below the Line':
'Above the Line' treatments are uncomplicated procedures viz. Amalgam; Extractions;
'Below the Line' treatments are advanced procedures viz. Protracted Periodontal;
Prosthetics.

Since January 'Above the Line' treatments are available to all eligible GMS persons - prior Health Board approval for 'Above the Line' treatments is not now required.

'Below the Line' treatments - prior Health Board approval for a specific course of treatment under this category is required.

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

EMERGENCY TREATMENT category ceased on the 31st December 1999.

Payments to Dentists in each Health Board

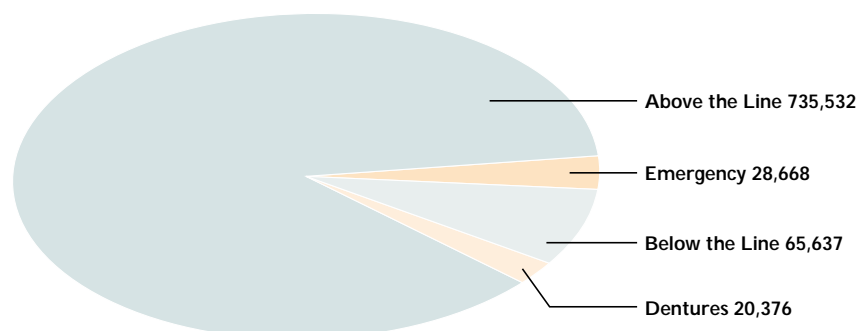
Health Board	2000
Eastern Regional Boards	£7,281,064
Midland	£1,819,864
Mid-Western	£2,387,611
North Eastern	£2,853,769
North Western	£2,166,663
South Eastern	£3,740,940
Southern	£5,855,556
Western	£3,840,413
National	£29,945,880
Corresponding figure for 1999	£14,383,642

Dentists were also paid a total of £35,792 in 2000 in respect of treatments under the Health (Amendment) Act 1996.

For details of Fees refer to page 37.

Volume of Claims by Dentists

National - 2000



Volume of Treatments by Dentists in each Health Board

Health Board	*Emergency	+Above the Line	+Below the Line	Dentures	No. of persons treated under DTS
Eastern Boards	7,174	189,719	14,824	4,042	39,981
Midland	1,863	42,494	4,016	1,646	9,453
Mid-Western	2,554	58,431	4,310	1,915	13,240
North Eastern	2,675	67,754	7,070	2,120	15,247
North Western	1,757	55,009	3,521	1,613	11,978
South Eastern	3,456	86,864	8,757	2,721	19,478
Southern	5,791	141,875	14,777	3,980	29,536
Western	3,398	93,386	8,362	2,339	19,522
National	28,668	735,532	65,637	20,376	158,435
Corresponding figures for 1999	184,118	256,077	21,738	19,359	154,634

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.

* Carryover totals from Emergency Scheme which existed to the end of 1999.

+ The most frequently used ATL service was amalgam restoration which was used by 76,736 patients followed by oral examination. In the BTL category the most frequently used service was prosthetics followed by protracted periodontal and radiographs.

The Health Board Community Ophthalmic Services Scheme (HBCOSS) was launched on 1st July 1999 to provide Optometric/Ophthalmic services to adult medical card holders and their dependants not entitled to benefit under the DSCFA benefit treatment scheme. Under the HBCOSS eligible persons have access to free eye examinations and necessary spectacles/appliances.

Payments in respect of spectacles provided under the Childrens Scheme are also made by the Board on behalf of certain of the Health Boards.

In the 12 month period to the end of December 2000 claims were received on behalf of 106,709 eligible persons for 274,506 treatments costing £6,845,559. Eye examinations accounted for 100,384 treatments costing £1,482,093 - the balance 174,122 treatments and £5,363,466 relate to the provision of appliances. Eye examinations by Optometrists totalled 94,598; Ophthalmologists provided 5,638 examinations; complete spectacles (distance, reading and bi-focals) provided under the Scheme totalled 140,263. The balance of treatments included replacement lenses and frames, tinted lenses, prisms and contact lenses. A breakdown of treatments and payments by Health Board is shown below.

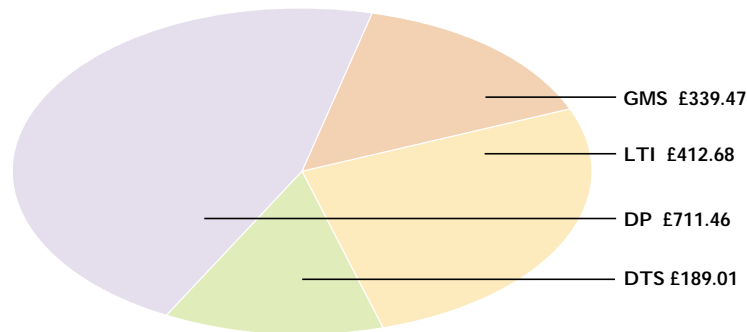
Volume of Treatments and Payments to Optometrists/Ophthalmologists in each Health Board

Health Board	Treatments	Payments
Eastern Regional Boards	56,301	£1,355,897
Midland	20,972	£517,141
Mid-Western	25,474	£630,439
North Eastern	19,600	£495,652
North Western	22,894	£560,843
South Eastern	42,439	£1,056,099
Southern	51,003	£1,326,630
Western	35,823	£902,858
National	274,506	£6,845,559

For details of Fees refer to page 38.

Cost per Eligible Person

National - 2000



Cost per Eligible Person in each Health Board

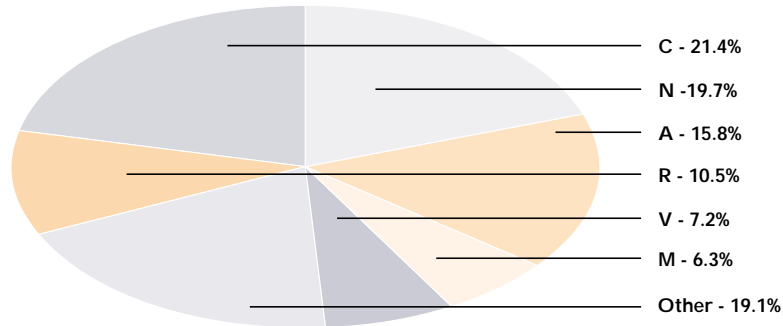
Health Board	GMS			LTI	DP	DTS per person treated (£)
	Doctor Cost (£)	Pharmacy Cost (£)	Total Cost (£)	Pharmacy Cost (£)	Net Cost per Claimant (£)	
Eastern Boards	92.57	225.81	318.38	370.65	762.98	182.11
Midland	117.15	238.40	355.55	501.48	707.49	192.51
Mid-Western	111.23	255.74	366.97	441.34	671.11	180.33
North Eastern	109.87	236.65	346.52	541.58	711.46	187.17
North Western	116.97	195.47	312.44	473.58	801.39	180.88
South Eastern	111.88	230.93	342.81	523.71	663.90	192.06
Southern	117.64	243.66	361.30	355.73	622.77	198.25
Western	123.04	223.09	346.13	469.15	694.12	196.72
National	£109.02	£230.45	£339.47	£412.68	£711.46	£189.01
Corresponding figures for 1999	£97.01	£194.05	£291.06	£354.06	-	£93.02

The Doctor cost above does not include £4.45m in superannuation paid to retired DMOs.

Medical and pharmaceutical services delivered to GMS persons increased in cost by £48.41 per eligible person - the cost of medical services per person increased by 12% and pharmaceutical services increased by over 18% - in the two most recent years medical services increased by 12% and decreased by 1% and pharmaceutical services increased by 18% and 15% respectively. The cost of medical services per person in 1998 was inflated by payments of arrears covering years prior to 1998.

Major Therapeutic Classification of Drugs, Medicines and Appliances - GMS

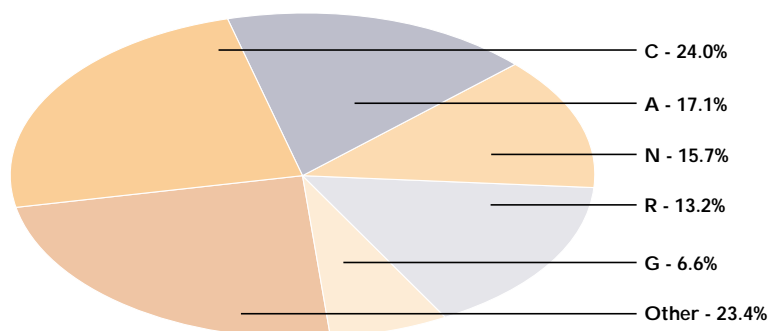
National - 2000



Major Therapeutic Classification		£m	%
A	Alimentary Tract and Metabolism	42.07	15.8
B	Blood and Blood Forming Organs	6.08	2.3
C	Cardiovascular System	57.07	21.4
D	Dermatologicals	6.43	2.4
G	Genito Urinary System and Sex Hormones	11.39	4.3
H	Systemic Hormonal Preps. excl. Sex Hormones	2.43	0.9
J	General Anti-infectives for Systemic Use	16.46	6.2
L	Antineoplastic and Immunomodulating Agents	2.04	0.8
M	Musculo-Skeletal System	16.80	6.3
N	Nervous System	52.66	19.7
P	Antiparasitic Products	0.64	0.2
R	Respiratory System	28.07	10.5
S	Sensory Organs	5.38	2.0
V	Clinical Nutritional Products	9.00	3.4
	Ostomy/Urinary Requisites	4.69	1.7
	Diagnostic Products	3.51	1.3
	Needles/Syringes/Lancets	0.82	0.3
	Dressings	0.78	0.3
	Miscellaneous	0.51	0.2
Total		£266.83m	100.0%

Major Therapeutic Classification of Drugs, Medicines and Appliances - DPS

National - 2000

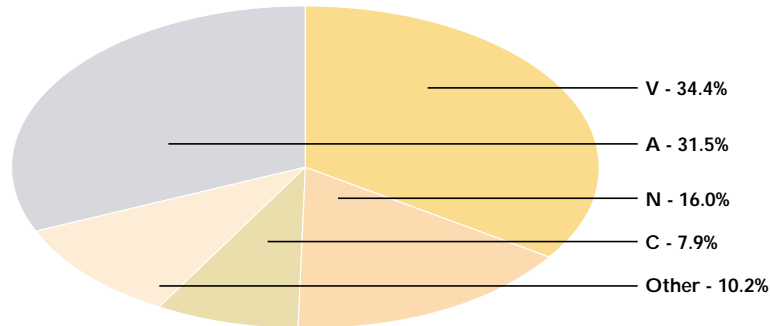


Major Therapeutic Classification		£m	%
A	Alimentary Tract and Metabolism	28.58	17.1
B	Blood and Blood Forming Organs	2.95	1.8
C	Cardiovascular System	40.01	24.0
D	Dermatologicals	5.08	3.0
G	Genito Urinary System and Sex Hormones	10.96	6.6
H	Systemic Hormonal Preps. excl. Sex Hormones	1.06	0.6
J	General Anti-infectives for Systemic Use	9.08	5.4
L	Antineoplastic and Immunomodulating Agents	1.89	1.1
M	Musculo-Skeletal System	9.07	5.4
N	Nervous System	26.20	15.7
P	Antiparasitic Products	0.17	0.1
R	Respiratory System	22.09	13.2
S	Sensory Organs	2.46	1.5
V	Ostomy/Urinary Requisites	3.37	2.0
	Clinical Nutritional Products	3.04	1.8
	Dressings	0.47	0.3
	Diagnostic Products	0.29	0.2
	Needles/Syringes/Lancets	0.06	0.1
	Miscellaneous	0.20	0.1
Total		£167.03m	100.0%


Note: The above costs are inclusive of the monthly payment of £42 payable to the Pharmacy by the Patient.

Major Therapeutic Classification of Drugs, Medicines and Appliances - LTI

National - 2000



Major Therapeutic Classification		£m	%
A	Alimentary Tract and Metabolism	10.36	31.5
B	Blood and Blood Forming Organs	0.14	0.4
C	Cardiovascular System	2.59	7.9
D	Dermatologicals	0.08	0.2
G	Genito Urinary System and Sex Hormones	0.25	0.8
H	Systemic Hormonal Preps. excl. Sex Hormones	0.38	1.2
J	General Anti-infectives for Systemic Use	1.80	5.5
L	Antineoplastic and Immunomodulating Agents	0.06	0.2
M	Musculo-Skeletal System	0.30	0.9
N	Nervous System	5.26	16.0
P	Antiparasitic Products	0.01	0.0
R	Respiratory System	0.28	0.8
S	Sensory Organs	0.05	0.2
V	Diagnostic Products	6.68	20.3
	Clinical Nutritional Products	2.42	7.4
	Needles/Syringes/Lancets	1.30	3.9
	Ostomy/Urinary Requisites	0.33	1.0
	Miscellaneous	0.58	1.8
Total		£32.87m	100.0%



**Summary of
Statistical
Information
for each of
the five years
1996-2000**

Summary of Statistical Information relating to the GMS Scheme for each of the five years 1996-2000

	2000	1999	1998	1997	1996
Number of Eligible Persons in December	1,148,055	1,164,187	1,183,554	1,219,852	1,252,385
Doctors	(000's)	(000's)	(000's)	(000's)	(000's)
Total Payments	£130,716	£119,152	£122,945	£100,769	£95,169
Doctors' Payment per Person	£109.02	£97.01	£97.80	£81.07	£72.91
Pharmacies	(000's)	(000's)	(000's)	(000's)	(000's)
Total Cost of Prescriptions	£258,595	£221,856	£196,094	£176,005	£162,471
Ingredient Cost	£207,036	£175,791	£153,301	£135,972	£125,337
Dispensing Fee	£46,722	£41,617	£38,751	£36,364	£33,268
VAT	£4,837	£4,448	£4,042	£3,669	£3,866
Number of Forms	9,737	9,631	9,475	9,356	9,160
Number of Items	22,882	21,679	20,696	19,944	19,131
Cost per Form	£26.56	£23.03	£20.70	£18.81	£17.74
Cost per Item	£11.30	£10.23	£9.47	£8.82	£8.49
Ingredient Cost per Item	£9.05	£8.11	£7.41	£6.82	£6.55
Items per Form	2.35	2.25	2.18	2.13	2.09
	(000's)	(000's)	(000's)	(000's)	(000's)
Total Cost of Stock Orders	£8,234	£7,444	£7,059	£6,640	£6,509
Ingredient Cost	£6,357	£5,735	£5,434	£5,107	£4,998
Pharmacy Fees	£1,590	£1,433	£1,359	£1,278	£1,250
VAT	£287	£276	£266	£255	£261
	(000's)	(000's)	(000's)	(000's)	(000's)
Overall Cost of Medicines	£266,829	£229,300	£203,153	£182,645	£168,980
Pharmacy Payment per Person	£230.45	£194.05	£168.40	£146.94	£133.72
Overall Payments	£397,545	£348,452	£326,098	£283,414	£264,149
Overall Payment per Person	£339.47	£291.06	£266.20	£228.01	£206.63

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

Summary of Statistical Information relating to the LTI Scheme for each of the five years 1996-2000 and the DP Scheme for the year 2000

	2000	1999	1998	1997	1996
LTI Scheme					
Number of Eligible Persons in December	82,619	76,848	71,440	66,696	64,205
Average Number of Claimants	27,382	26,885	25,712	24,124	22,815
	(000's)	(000's)	(000's)	(000's)	(000's)
Number of Items	988	877	834	771	726
Total Cost	£32,870	£27,209	£23,239	£19,722	£17,633
Cost per Item	£33.28	£31.02	£27.88	£25.59	£24.27
Cost per Claimant	£1,200.44	£1,012.05	£903.82	£817.53	£772.87
Cost per Person	£412.68	£366.88	£335.66	£299.74	£281.47
DP Scheme					
Number of Eligible Persons in December	942,193				
Average Number of Claimants	155,638				
	(000's)				
Number of Items	7,776				
Gross Cost	£167,032				
Net Cost	£110,730				
Gross Cost per Item	£21.48				
Gross Cost per Claimant	£1,073.21				
Net Cost per Claimant	£711.46				
Net Cost per Person	£138.41				

Fees and Allowances under Capitation Agreement

Capitation Fees as at 31st December 2000

Ages	Up to 3 Miles		3-5 Miles		5-7 Miles		7-10 Miles		Over 10 Miles	
	Male £	Female £	Male £	Female £	Male £	Female £	Male £	Female £	Male £	Female £
Up to 4	44.18	43.14	46.41	45.39	49.71	48.71	52.98	51.98	57.04	56.02
5-15	26.50	26.78	27.43	27.71	28.79	29.10	30.11	30.41	31.78	32.03
16-44	33.26	53.08	34.46	54.28	36.24	56.05	37.99	57.51	40.13	59.94
45-64	64.37	70.53	67.26	73.42	71.52	77.67	75.72	81.89	80.95	87.09
65-69	67.71	75.30	75.73	83.33	87.65	95.24	99.35	106.95	113.91	121.52
70 and over	69.84	77.66	78.10	85.95	90.43	98.25	102.51	110.36	117.53	125.39

Above rates inclusive of supplementary Out-of-Hours Fee.

Out-of-Hours Payment													
<i>Surgery</i>				£25.49	Night	Midnight to 8.00 a.m.							
						Urban					£26.71		
<i>Domiciliary</i>						Up to 3 miles					£26.71		
Up to 3 miles				£25.49		3-5 miles					£34.34		
3-5 miles				£34.01		5-7 miles					£43.46		
5-7 miles				£38.29		7-10 miles					£48.47		
7-10 miles				£42.50		over 10 miles					£53.29		
over 10 miles				£51.01									
Additional Fee				£19.90		Emergency Fee (Additional to Standard Fee)					£7.75		
						EEA Residents (Additional to Standard Fee)					£8.00		
*Special Items of Service						Rural Dispensing Fee					£7.75		
(i) to (ix)				£15.94		Fee for Second Medical Opinion					£17.01		
(x) and (xi)				£23.92		Practice Payment for Rural Areas							
(xii)				£39.87		Rural Practice Allowance Per Annum					£8,501.91		
(xiii)				£27.64		Practice Support							
(xiv)				£44.24		Allowance for Practice Secretary							
(xv) and (xvi)				£21.94		Per Annum					£9,569.07		
(xvii)				£32.92		Allowance for Practice Nurse							
(xviii)				£79.13		Per Annum					£16,302.71		
				+Mileage		Contributions to Locum Expenses							
						(Subject to the conditions of the agreement)							
Temporary Residents						Annual Leave					Up to a maximum of		
<i>Surgery Consultations</i>						Sick Leave					£887.52 per week		
Day	Normal Hours			£7.06		Study Leave					Up to a maximum of		
Late	Outside Normal Hours					Maternity Leave					£126.79 per day		
	other than (Night)			£10.03									
Night	Midnight to 8.00 a.m.			£19.90		Contributions to Medical Indemnity Insurance							
<i>Domiciliary Consultations</i>						Calculation of contribution is related to GMS panel							
Day	Normal Hours					numbers and net premium.							
	Urban			£10.43									
	Up to 3 miles			£10.43									
	3-5 miles			£13.65									
	5-7 miles			£18.33									
	7-10 miles			£22.96									
	over 10 miles			£28.66									
Late	Outside Normal Hours												
	Urban			£13.65									
	Up to 3 miles			£13.65									
	3-5 miles			£17.61									
	5-7 miles			£22.96									
	7-10 miles			£30.48									
	over 10 miles			£35.80									

* Special Items of Service.

- (i) Excisions/Cryotherapy/Diathermy of Skin Lesions.
- (ii) Suturing of Cuts and Lacerations.
- (iii) Draining of Hydroceles.
- (iv) Treatment and Plugging of Dental and Nasal Haemorrhages.
- (v) Recognised Vein Treatment.
- (vi) ECG Tests and their Interpretation.
- (vii) Instruction in the fitting of a Diaphragm.
- (viii) Removal of Adherent Foreign Bodies from the Conjunctival Surface of the Eye.
- (ix) Removal of Lodged or Impacted Foreign Bodies from the Ear, Nose and Throat.
- (x) Nebuliser Treatment in the case of Acute Asthmatic Attack.
- (xi) Bladder Catheterization.
- (xii) Attendance at case conferences (in cases where such are convened by a DCC/MOH).
- (xiii) Advice and Fitting of a Diaphragm.
- (xiv) Counselling and Fitting of an IUCD.
- (xv) Pneumococcal Vaccination.
- (xvi) Influenza Vaccination.
- (xvii) Pneumococcal/Influenza Vaccinations.
- (xviii) Hepatitis B Vaccination.

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

Surgery Consultations		As at 31st December 2000	
Day	Normal Hours	£7.03	
Late	Outside Normal Hours other than (Night)	£9.98	
Night	Midnight to 8.00 a.m.	£19.75	
Domiciliary Consultations			
Day	Normal Hours		
	Urban	£10.36	
	Up to 3 miles	£10.36	
	3-5 miles	£13.57	
	5-7 miles	£18.22	
	7-10 miles	£22.84	
	Over 10 miles	£28.57	
Late	Outside Normal Hours		
	Urban	£13.57	
	Up to 3 miles	£13.57	
	3-5 miles	£17.54	
	5-7 miles	£22.84	
	7-10 miles	£30.34	
	Over 10 miles	£35.59	
Night	Midnight to 8.00 a.m.		
	Urban	£26.60	
	Up to 3 miles	£26.60	
	3-5 miles	£34.18	
	5-7 miles	£43.24	
	7-10 miles	£48.25	
	Over 10 miles	£52.38	
Emergency Fee/EEA Fee (Additional to Standard Fee)		£7.68	
Dispensing Fee		£7.68	
Rural Practitioner's Allowance Per Annum		£4,527.43	
Locum and Practice Expense Allowance Per Annum		£881.37	
Sessional Rate - Homes for the Aged Per 3 Hour Session		£47.04	
*Special Items of Service			
(i) to (vii)		£14.42	
(viii) and (ix)		£21.94	
(x)		£32.92	
(xi)		£79.13	
Immunisation Fees			
(i)	Registration of child with a GP	£23.01	
(ii)	Complete course of immunisation against DPT/DT; Hib; Polio and MMR	£76.67	
(iii)	95% uptake bonus	£36.93	
Health (Amendment) Act 1996			
Surgery Fee		£21.97	
Domiciliary Fee		£28.97	
Methadone Treatment Scheme			
Patient Care Fee: Up to a maximum per month of		£83.33	

- * Special Items of Service.
- (i) Excisions/Cryotherapy/Diathermy of Skin Lesions.
 - (ii) Suturing of Cuts and Lacerations.
 - (iii) Draining of Hydroceles.
 - (iv) Treatment and Plugging of Dental and Nasal Haemorrhages.
 - (v) Recognised Vein Treatment.
 - (vi) ECG Tests and their Interpretation.
 - (vii) Instruction in the fitting of a Diaphragm.
 - (viii) Pneumococcal Vaccination.
 - (ix) Influenza Vaccination.
 - (x) Pneumococcal/Influenza Vaccinations.
 - (xi) Hepatitis B Vaccination.

Scale of Fees Payable to Participating Pharmacists as at 31st December 2000

GMS Scheme	p
Standard Fee-Per-Item (Note 1)	208.67
Extemporaneous Fee	399.24
Extemporaneous dispensing and compounding of	
- Powders	1197.72
- Ointments and Creams	798.48
Controlled Drugs	322.89
Non-Dispensing - Exercise of professional judgement	199.62
Phased Dispensing - each part of phased dispensing	199.62
Urgent/Late Dispensing	
Additional fee for Urgent/Late dispensing other than between midnight and 8.00 a.m. (Note 2)	557.54
Additional fee for Urgent/Late dispensing between midnight and 8.00 a.m.	1152.55
Note 1	<i>176.77p basic fee and 31.90p allowance for containers, obsolescence etc.</i>
Note 2	<i>Urgent fee prescriptions are those so specified by the prescriber and necessarily dispensed outside normal hours. Late fee prescriptions are those which, though not marked urgent, are in exceptional circumstances necessarily dispensed outside normal hours by the Pharmacist, having regard to the person's requirements.</i>
Note 3	<i>A Standard Fee-Per-Item is also payable on prescription forms issued by Dentists under the DTS Scheme.</i>
Supplies to Dispensing Doctors	
<i>Pharmacies supplying Dispensing Doctors are reimbursed on the basis of the basic trade price with the addition of 25% on cost.</i>	
DP/LTI/EEA Schemes and Health (Amendment) Act 1996	
Reimbursement of ingredient cost plus	
50% mark-up on ingredient cost plus	
Standard Fee - 182.00p (Note 1)	
Extemporaneously dispensed preparations are reimbursed at current private prescription rates. In the case of the Drugs Payment Scheme the Board makes payments to Pharmacies in respect of authorised Patients whose monthly costs of prescribed drugs and medicines are in excess of the specified monthly amount (currently £42) payable to the Pharmacy by the Patient.	
Note 1 <i>The standard fee is an all inclusive fee which includes container and broken bulk allowance.</i>	
High Tech Medicines Scheme	
Patient Care Fee: £34.59 per month.	
Methadone Treatment Scheme	
Patient Care Fee: Up to a Maximum of £34.55 per month.	

Scale of Fees Payable under the Dental Treatment Services Scheme

Treatment Type	As at 31st December 2000	
	Routine £	Full Denture £
Oral Examination	18.85	18.85
Prophylaxis	17.70	-
Restoration (Amalgam)	28.50	-
Restoration (Composite) 6 anterior teeth only	29.55	-
Exodontics (Extraction under local anaesthetic)	22.55	-
Surgical Extraction - Max 3 units:		
Fee payable for first 15 minute unit	20.05	-
Fee payable for 2nd and 3rd 15 minute unit	20.05	-
1st Stage Endodontic Treatment (Anterior teeth only)	£33.50	-
Apicectomy/Amputation of Roots	*Dentist Estimate	-
Endodontics (Anterior teeth only)	*Dentist Estimate	-
Protracted Periodontal Treatment	*Dentist Estimate	-
Radiographs		
1 Film	14.15	-
2 or more Films	21.35	-
Panoramic	23.60	-
Miscellaneous		
(e.g. Biopsy, Haemorrhage, Dressings etc.)	13.25	-
Prosthetics		
Full Upper or Lower Denture (Other than Edentulous persons)	176.90	-
Partial Upper or Lower Acrylic Denture	129.70	-
Complete Upper or Lower Reline	70.80	-
Complete Upper and Lower Reline	117.90	-
Denture Repairs		
1st Item of Repair	25.40	-
Each Subsequent Item	8.10	-
Maximum	41.70	-
Full Upper and Lower Denture (Edentulous Persons Only)	-	259.60
Full Upper or Lower Denture (Edentulous Persons Only)	-	176.90

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

Scale of Fees Payable under the Health Board Community Ophthalmic Services Scheme

As at 31st December 2000			
Examinations	£		£
Eye Examination Ophthalmic Optician	14.10	Dioptric powers higher than 8.00 (1) Lens	4.85
Eye Examination Ophthalmologist/ Ophthalmic Medical Practitioner	16.00	Dioptric powers higher than 8.00 (2) Lenses	9.70
Medical Eye Examination by Ophthalmologist	32.00	Dioptric powers higher than 8.00 (3) Lenses	14.55
		Dioptric powers higher than 8.00 (4) Lenses	19.40
Appliances		Dioptric powers higher than 6.00 (Plastic) (1) Lens	12.10
Single Vision Complete Appliances		Dioptric powers higher than 6.00 (Plastic) (2) Lenses	24.20
Spectacles - Distance	30.70	Dioptric powers higher than 6.00 (Plastic) (3) Lenses	36.30
Spectacles - Reading	30.70	Dioptric powers higher than 6.00 (Plastic) (4) Lenses	48.40
Spectacles - Uncollected	21.40	Plastic Lens (1) for children as prescribed	3.65
Contact Lenses	23.90	Plastic Lenses (2) for children as prescribed	7.30
Single Vision Lenses to Own Frame		Bifocals	
Replacement Distance Lens (1) to own frame	11.70	Spectacles Bifocal Complete	62.70
Replacement Distance Lenses (2) to own frame	23.40	Bifocal Lenses	
Replacement Reading Lens (1) to own frame	11.70	Replacement Bifocal Lens (1) to own frame	26.70
Replacement Reading Lenses (2) to own frame	23.40	Replacement Bifocal Lenses (2) to own frame	53.40
Other Items - Single Vision		Other Items - Bifocals	
Lenticular Lens (1 Surface)	9.05	Sphere over 6.00 and up to 9.00 extra charge (1) Lens	3.25
Lenticular Lenses (2 Surfaces)	18.10	Sphere over 6.00 and up to 9.00 extra charge (2) Lenses	6.50
Lenticular Lenses (3 Surfaces)	27.15	Sphere over 9.00 extra charge (1) Lens	7.25
Lenticular Lenses (4 Surfaces)	36.20	Sphere over 9.00 extra charge (2) Lenses	14.50
Tinted Lens (1)	5.75	Tinted Lens (1)	6.35
Tinted Lenses (2)	11.50	Tinted Lenses (2)	12.70
Tinted Lenses (3)	17.25	Prism (1)	6.80
Tinted Lenses (4)	23.00	Prisms (2)	13.60
Prism (1)	4.90	Repairs	
Prisms (2)	9.80	Replacement Frame to own lenses	9.55
Prisms (3)	14.70	Replacement Front to own lenses	4.90
Prisms (4)	19.60	Replacement Side (1) to own frame	2.05
Prisms (5)	24.50	Replacement Sides (2) to own frame	4.10
Prisms (6)	29.40		
Prisms (7)	34.30		
Prisms (8)	39.20		

**Financial
Statements
for year ended
31st December
2000**

**GENERAL
MEDICAL
SERVICES
(PAYMENTS)
BOARD**



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General Medical Services (Payments) Board

Board Members

Mr. D. O Shea	Eastern Region Health Authority (Chairman)
Mr. D. O'Dwyer	Midland Health Board (Vice Chairman)
Mr. B. Mullen	Department of Health & Children
Mr. M. Walsh	Northern Area Health Board
Mr. T. O'Dwyer	Southern Health Board
Mr. M. McGinley	North Western Health Board
Mr. T. Hourigan	Mid-Western Health Board
Mr. T. Beegan	South Eastern Health Board
Mr. T. McGuinn	Department of Health & Children
Mr. S. Mannion	Western Health Board
Ms. D. Hennessy	Department of Health & Children
Ms. B. Clarke	South Western Area Health Board
Mr. K. McCarthy	East Coast Area Health Board
Mr. G. Day	North Eastern Health Board

Chief Officer

Mr. T. A. Flood

Auditor

Comptroller & Auditor General
Dublin Castle
Dublin 2

Bankers

Bank of Ireland
Phibsborough
Dublin 7

Solicitors

Arthur Cox
Earlsfort Centre
Earlsfort Terrace
Dublin 2

Statement of Board Members' Responsibilities for year ended 31st December 2000

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

In preparing those statements, the Board is required to -

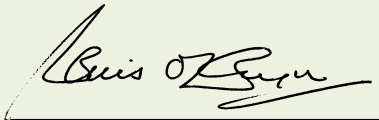
- ◆ select suitable accounting policies and apply them consistently
- ◆ make judgements and estimates that are reasonable and prudent
- ◆ disclose and explain any material departures from applicable accounting standards
- ◆ prepare the financial statements on a going concern basis unless it is inappropriate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

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

On behalf of the Board



Donal O Shea, Chairman



Denis O'Dwyer, Vice Chairman

Accounting Policies

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

1. Basis of Accounting

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

2. Doctors Fees and Allowances

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

3. Pharmaceutical Services

Payments to Pharmacists are made under a service agreement with Health Boards concluded in 1996. This agreement covers medical card holders and other schemes. With effect from 1996 claims have been subject to third party confirmation.

4. Dental Treatment Services Scheme

Payments under this heading comprise amounts paid to Dentists operating as private practitioners in respect of dental treatment provided for GMS patients. The balance of such treatment is provided directly by Health Boards.

5. Health Board Community Ophthalmic Services Scheme

Payments under this heading comprise amounts paid to Optometrists and Ophthalmologists operating as private practitioners in respect of examinations and appliances provided to adult GMS patients. Services for children are separately provided for by Health Boards.

6. Fixed Assets and Depreciation

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

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

7. Superannuation

Staff

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

Doctors

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

Income and Expenditure Account for year ended 31st December 2000

	Notes	2000 £	1999 £
Income			
Recoupment from Department of Health & Children and Health Boards	1	650,881,423	517,690,190
Rebate from Pharmaceutical Manufacturers		6,008,545	5,159,859
Other Income	2	334,611	500,191
Total Income		<u>657,224,579</u>	<u>523,350,240</u>
Expenditure			
Administration	3	8,540,541	7,843,521
Doctors Fees and Allowances	4	148,015,205	130,921,969
Pensions paid to former DMOs or Dependants	5	4,317,355	4,515,805
Pharmaceutical Services	6	459,290,030	361,966,407
Dental Treatment Services Scheme	7	29,193,364	16,389,625
Community Ophthalmic Services Scheme	8	6,854,660	1,444,670
Depreciation	10	385,173	173,470
Total Expenditure		<u>656,596,328</u>	<u>523,255,467</u>
Surplus/(Deficit) for Year		628,251	94,773
Accumulated fund at 1st January		3,589,049	3,494,276
Accumulated fund at 31st December		<u>4,217,300</u>	<u>3,589,049</u>

Notes 1-16 form part of these accounts

Balance Sheet as at 31st December 2000

		2000		1999	
	Notes	£	£	£	£
Fixed Assets	10		1,097,478		469,227
Current Assets					
Debtors	11	135,180,597		107,041,008	
Stocks on Hand	12	3,100,080		3,100,080	
Cash		172		184	
		<u>138,280,849</u>		<u>110,141,272</u>	
Current Liabilities					
Creditors	13	116,997,124		101,104,594	
Bank		18,163,903		5,916,856	
		<u>135,161,027</u>		<u>107,021,450</u>	
Net Current Assets			<u>3,119,822</u>		<u>3,119,822</u>
Net Assets			<u>4,217,300</u>		<u>3,589,049</u>
Represented by:					
Accumulated Fund			<u>4,217,300</u>		<u>3,589,049</u>

Notes 1-16 form part of these accounts

Cash Flow Statement for year ended 31st December 2000

	Note	2000 £	1999 £
Net Cash (Outflow)/Inflow from Operating Activities	(A)	(11,233,635)	57,939,128
Investing Activities			
Purchase of Fixed Assets		(1,013,424)	(224,261)
(Decrease)/Increase in Cash and Cash Equivalents	(B)	<u>(12,247,059)</u>	<u>57,714,867</u>

(A) Analysis of Net Cash Inflow/(Outflow) from Operating Activities

	2000 £	1999 £
Operating Surplus/(Deficit)	628,251	94,773
Depreciation Charges	385,173	173,470
(Increase)/Decrease in Debtors	(28,139,589)	32,481,446
(Increase)/Decrease in Stocks on Hand	-	(24,240)
Increase/(Decrease) in Creditors	15,892,530	25,213,679
Net Cash (Outflow)/Inflow from Operating Activities	<u>(11,233,635)</u>	<u>57,939,128</u>

(B) Reconciliation of Increase/(Decrease) in cash and cash equivalents as shown in the Balance Sheet

	2000 £	1999 £	Change in Year
Bank	(18,163,903)	(5,916,856)	(12,247,047)
Cash in Hand	172	184	(12)
	<u>(18,163,731)</u>	<u>(5,916,672)</u>	<u>(12,247,059)</u>

Notes to the Financial Statements

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

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

	2000	1999
	£	£
Department of Health & Children	440,952,887	385,753,100
Health Boards	209,928,536	131,937,090
	<u>650,881,423</u>	<u>517,690,190</u>

2. Other Income

	2000	1999
	£	£
Superannuation Deductions from GMS Staff	96,414	61,234
Superannuation Deductions from former District Medical Officers and Dependants	14,737	10,570
Bank Interest and Sundries	223,460	428,387
	<u>334,611</u>	<u>500,191</u>

3. Administration Expenditure

	2000	1999
	£	£
Staff Remuneration	2,851,418	2,684,388
Health Board Stationery	1,035,763	1,532,156
Computer Development	1,695,276	1,637,416
Premises Rent and Services	258,170	186,272
Office Supplies, Printing and Stationery	534,568	564,818
Bank Interest/Charges	24,589	12,674
Repairs and Maintenance (Equipment & Premises)	29,318	81,818
Postage and Telephone	281,308	561,431
Journals and Periodicals	131,965	67,639
Medical Training Courses	-	-
Legal Expenses	-	6,800
Audit Fee	21,890	19,780
Bad Debts/ Bad Debts Provision	-	16,597
Sundry Administration	1,676,276	471,732
	<u>8,540,541</u>	<u>7,843,521</u>

Notes to the Financial Statements

4. Doctors' Fees & Allowances	2000 £	1999 £
Fees		
Capitation	60,830,216	59,115,549
Board's contribution to Doctors Superannuation Scheme	6,230,893	5,998,799
Special Type Consultations/Special Services	9,390,355	4,416,769
Out-of-Hours Fees	13,722,000	11,258,781
Fee-Per-Item Services	1,383,418	1,456,321
Dispensing Fees	1,307,545	587,455
Registration/Vaccination Fees	1,962,338	1,577,538
Methadone	1,375,289	998,466
Other Payments	147,486	137,783
	<u>96,349,540</u>	<u>85,547,461</u>
Allowances		
Leave (Annual/Sick/Study/Maternity)	5,195,096	5,297,264
Rural Practice Allowance	1,538,798	1,515,025
Practice Support	13,458,883	11,759,455
Rostering/Out-of-Hours Payments	5,144,567	5,141,587
Practice Equipment Payment	3,430,940	3,427,693
Locum & Practice Expenses	14,141	21,688
Medical Indemnity Insurance	972,851	1,100,140
Practice Support Grant	1,604,523	1,597,427
Drug Target Refunds	17,671,664	13,545,289
IMO Agreement: Trainers/Trainees/One in One Rotas	1,683,200	1,174,100
	<u>50,714,663</u>	<u>44,579,668</u>
Salaries		
Salaries and Lump Sums to District Medical Officers	951,002	794,840
Total Doctors' Fees & Allowances	<u><u>148,015,205</u></u>	<u><u>130,921,969</u></u>

5. Payments To Former District Medical Officers/Dependants

The Board made superannuation payments to 294 former District Medical Officers or their dependants. These payments arose from the officer status with Health Boards of the Doctors and their entitlement to hold General Practitioner contracts.

6. Pharmaceutical Services	2000 £	1999 £
Pharmacists GMS Claims	268,222,445	229,725,565
DP/LTI Claims	145,401,201	95,409,595
European Economic Area Claims	1,089,313	913,837
High Tech Claims	40,873,727	33,316,457
Other Payments	618,651	513,517
Methadone Treatment Claims	3,084,693	2,087,436
	<u>459,290,030</u>	<u>361,966,407</u>

Notes to the Financial Statements

7. Dental Treatment Services Scheme

	2000	1999
	£	£
Emergency	502,708	6,078,102
Routine Dental Treatments	25,779,996	7,958,595
Denture Claims	2,871,027	2,318,083
Laboratory Claims	-	-
Other Payments	39,633	34,845
	<u>29,193,364</u>	<u>16,389,625</u>

8. Community Ophthalmic Services Scheme

Fees	3,561,605	319,327
Appliances	3,293,055	1,125,343
	<u>6,854,660</u>	<u>1,444,670</u>

9. Leasehold Premises

The Board's office premises are held on a 35 year lease dated 1st December 1974 from Calvinia Ltd. The annual rent is £140,000 effective from 1st December 1999, with 5 year rent reviews. The matter of securing a valuation of the Board's leasehold interest, with a view to its inclusion in the Balance Sheet was examined. In the absence of any quantifiable benefit to the Board the cost of a valuation could not be justified at this time.

10. Fixed Assets

	Furniture Fixtures Fittings	Information Technology	Library	Office Equipment	Total
Cost	£	£	£	£	£
Cost at 1/1/00	478,402	1,796,426	1,751	57,879	2,334,458
Additions	6,468	1,005,612	-	1,344	1,013,424
	<u>484,870</u>	<u>2,802,038</u>	<u>1,751</u>	<u>59,223</u>	<u>3,347,882</u>
Depreciation					
Accumulated Depreciation at 1/1/00	419,564	1,430,079	1,200	14,388	1,865,231
Depreciation for year ended 31/12/00	12,837	366,308	106	5,922	385,173
	<u>432,401</u>	<u>1,796,387</u>	<u>1,306</u>	<u>20,310</u>	<u>2,250,404</u>
Net Book Value at 31/12/00	<u>52,469</u>	<u>1,005,651</u>	<u>445</u>	<u>38,913</u>	<u>1,097,478</u>
Net Book Value at 31/12/99	<u>58,838</u>	<u>366,347</u>	<u>551</u>	<u>43,491</u>	<u>469,227</u>

Notes to the Financial Statements

11. Debtors

	2000	1999
	£	£
Department of Health & Children and Health Boards	116,755,655	91,548,600
Rebates due from Pharmaceutical Manufacturers	3,594,004	2,503,983
Advance Payments to Pharmacists	14,581,148	12,791,266
Sundry Debtors	249,790	197,159
	<u>135,180,597</u>	<u>107,041,008</u>

12. Stocks on Hand

Dispensing Doctors' Stocks	1,385,500	1,385,500
High Tech Stocks	1,714,580	1,714,580
	<u>3,100,080</u>	<u>3,100,080</u>

13. Creditors

Doctors' Fees/Salaries	42,083,799	29,947,962
Pharmacists' Claims	70,531,835	66,791,062
Dental Treatment Services Scheme	2,129,782	2,910,830
Community Ophthalmic Services Scheme	492,477	683,720
Sundry Creditors	1,759,231	771,020
	<u>116,997,124</u>	<u>101,104,594</u>

14. Indicative Drug Target Scheme - Cumulative Savings

The following table gives a breakdown of the cumulative savings made and the amounts paid under the Indicative Drug Target Savings Scheme.

Savings Generated	Health Board	General	Total
	Initiatives	Practitioner	
	£	£	£
Eastern Regional Boards	3,287,719	16,415,204	19,702,923
Midland	761,699	3,339,096	4,100,795
Mid-Western	1,142,590	4,333,333	5,475,923
North Eastern	1,083,651	5,593,123	6,676,774
North Western	1,428,648	7,198,307	8,626,955
South Eastern	2,003,223	7,755,090	9,758,313
Southern	1,844,369	8,789,416	10,633,785
Western	2,051,170	9,640,173	11,691,343
Research & Education Fund	-	-	1,126,275
National Savings	<u>13,603,069</u>	<u>63,063,742</u>	<u>77,793,086</u>

Notes to the Financial Statements

14. Indicative Drug Target Scheme - Cumulative Savings (continued)

Payments

Eastern Regional Boards	2,186,006	6,432,543	8,618,549
Midland	690,963	1,550,756	2,241,719
Mid-Western	1,141,369	2,579,943	3,721,312
North Eastern	1,007,608	2,585,896	3,593,504
North Western	1,149,994	5,034,484	6,184,478
South Eastern	2,064,112	4,175,677	6,239,789
Southern	1,394,603	5,212,134	6,606,737
Western	1,397,149	4,231,032	5,628,181
Research & Education Fund	-	-	859,060
National Savings Distributed	11,031,804	31,802,465	43,693,329
Balance of Savings at 31st December 2000	2,571,265	31,261,277	34,099,757

15. Prompt Payment of Accounts Act, 1997 - Statement By Responsible Officer

The Prompt Payment of Accounts Act, 1997 came into operation on 2nd January 1998. The General Medical Services (Payments) Board comes under the remit of the Act. The payment practices of the Board are reported on below for the year ended 31st December 2000, in accordance with Section 12 of the Act.

- (a) It is the policy of the Board to ensure that all payments are made promptly.
- (b) The system of internal control incorporates such procedures as are considered necessary to ensure compliance with the Act. The Board's system of internal control includes accounting controls designed to ensure identification of contracts and invoices due for payment within the prescribed payment dates defined by the Act. These controls are designed to provide reasonable and not absolute assurance against material non-compliance with the Act.
- (c) There were no late payments in 2000.

16. Basis of Preparation

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

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

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

