



# 2020

Seirbhís Sláinte  
Níos Fearr  
á Forbairt

Building a  
Better Health  
Service

**Primary Care Reimbursement Service  
Statistical Analysis of Claims  
and Payments 2020**

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# **Primary Care Reimbursement Service**

STATISTICAL ANALYSIS OF CLAIMS AND PAYMENTS  
2020

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## Introduction

The Primary Care Reimbursement Service (PCRS) is responsible for reimbursing GPs, Dentists, Pharmacists, Optometrists/Ophthalmologists and other contractors who provide free or reduced-cost services to the public across a range of primary care schemes. These schemes form the infrastructure through which the HSE delivers a significant proportion of primary care to the public. Just over 42% of the population, or 2.1 million people, now have access to free GP care.

In 2020 PCRS reimbursed approximately 7,000 contractors for the provision of health services to the public 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). PCRS also made payments to suppliers and manufacturers of High Tech drugs as part of the High Tech Arrangement and facilitated direct payments to hospitals involved in the provision of national treatment programmes such as the National Cancer Control Programme, the National Hepatitis C Treatment Programme and Multiple Sclerosis Services. In all, PCRS made total payments and reimbursements of €3.3 billion. Included in this is an amount in excess of €168m in respect of COVID-19 Emergency related costs.

The Statistical Analysis of Claims and Payments report gives an overview of the volume of claims and payments made during the year and the number of people who benefitted. Further details and updated monthly reports are available online at [www.hsepcrs.ie](http://www.hsepcrs.ie) under "PCRS Publications".

On behalf of the HSE, I would like to thank all of our clients and contractors for their co-operation throughout 2020 which was a particularly challenging year due to COVID-19.

In particular I would like to thank the staff in PCRS who maintained the delivery of day to day services and who supported the wider HSE outside of their normal duties in response to the pandemic. For their commitment and for their cooperation in facilitating remote working where this was feasible, a sincere thank you.

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





# SCHEMES OVERVIEW

## Schemes – Claim Reimbursement and Payment Arrangements

During 2020, HSE Primary Care Reimbursement Service reimbursed claims and made payments to General Practitioners (GPs), Community Pharmacists, Dentists and Optometrists/Ophthalmologists totalling €3,334.03m 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 dependents are eligible for the GMS Scheme. Drugs, medicines and appliances approved under the Scheme are provided through Community Pharmacists. 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 1<sup>st</sup> October 2010, an eligible person who is supplied a drug, medicine or medical or surgical appliance on the prescription of a Registered Medical Practitioner, Registered Dentist or Registered Nurse Prescriber is charged a prescription charge by the Community Pharmacy. From the 1<sup>st</sup> November 2020,

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

### **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 1<sup>st</sup> July 2015, all children under 6 years of age were granted automatic entitlement to free GP services. From 5<sup>th</sup> August 2015, all persons aged 70 and over were granted automatic entitlement to free GP services.

### **Mother and Infant Care Scheme**

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

### **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 1<sup>st</sup> 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 1<sup>st</sup> 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 1<sup>st</sup> September 2018, all persons in receipt of Carer's Allowance or Carer's Benefit were eligible to obtain GP services free of charge.

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

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

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

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

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

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



## Schemes – Claim Reimbursement and Payment Arrangements continued

the HSE website. Other items which were reimbursable under the Drug Cost Subsidisation Scheme and Refund of Drugs Scheme continue, in certain circumstances, to be reimbursable under the Drugs Payment Scheme.

### 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 Pharmacists. 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 Pharmacists for which Pharmacists are paid a patient care fee. The cost of the medicines and patient care fees are paid by the Primary Care Reimbursement Service.

### High Tech Hub Ordering and Management System

In December 2017 PCRS introduced a new High Tech medicines ordering and management hub. This is an online system in which Hospital Consultants and prescribers can register patients for High Tech medicines and can prepare and print prescriptions for those patients. Pharmacists can view and order High Tech medicines from suppliers and manufacturers through the High Tech hub. In turn, suppliers can accept and arrange for the delivery of ordered medicines to Community Pharmacists.

### Primary Childhood Immunisation Scheme

A National Primary Childhood Immunisation Scheme provides for immunisation of the total child population with the aim of eliminating, as far as possible, such conditions as Diphtheria, Polio, Measles, Mumps, Rubella and more recently Meningococcal C Meningitis. Payments to GPs under this Scheme are made by the Primary Care Reimbursement Service.

### Health (Amendment) Act 1996

Under the Health (Amendment) Act 1996 certain health services are made available without charge to persons who have contracted Hepatitis C directly or indirectly from the use of Human Immunoglobulin - Anti D or the receipt within the State of another blood product or blood transfusion. The HAA Card gives eligibility to additional HSE services on more flexible terms and conditions than the medical card. HAA Card holders can have both HAA and GMS eligibility. GP services, pharmaceutical services, dental services and optometric/ophthalmic services provided under the Act are paid for by the Primary Care Reimbursement Service.

### Opioid Substitution Treatment Scheme

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

### Immunisations for GMS Eligible Persons

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

### Discretionary Hardship Arrangements

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

## Schemes – Claim Reimbursement and Payment Arrangements continued

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

The HSE reimburses selected Oncology and Hepatitis C drugs.

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

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

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

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

### Redress for Women Resident in Certain Institutions

Under the Redress for Women Resident in Certain Institutions Act 2015, it was provided that the Health Service Executive (HSE) would make available specified services to women eligible for the Restorative Justice Scheme, administered by the Department of Justice and

Equality. Services include General Practitioner services, drugs, medicines and medical and surgical appliances, dental, ophthalmic and aural services, home nursing service, home support services, chiropody services, physiotherapy services, and a counselling service. Card holders are not required to pay any prescription fees.

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

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

### Cycle of Care for Asthmatic Patients

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

### Chronic Disease Management Programme (CDM)

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

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

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

### Termination of Pregnancy Service

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

### Covid – 19

In 2020, the Department of Health and the HSE held consultations to discuss the impact of the Covid-19 virus in Ireland on General Practice and to discuss the ways in which General Practice could be supported in its totality to maintain regular essential services as well as to assist in the efforts to combat Covid-19.

In this context, a number of General Practice oriented measures were implemented including remuneration for the provision of remote consultations to patients who may have contracted Covid-19 infection including referral for testing, the provision of dedicated respiratory clinics on their practice premises and the maintenance of services for remote consultations, not related to Covid-19 for all patients where clinically necessary regardless of eligibility status.

In addition, there was provision for the extension of day consultations and a contribution towards locum costs for the duration of any periods of self- isolation.

## Summary Statement of Activity - 2020

- Payments and reimbursements during 2020 were approximately €3,334.03m.
- 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 €1,395.64 m:
  - GMS: Prescriptions €969.30m, Stock Order Forms €5.95m;
  - DPS €82.67m;
  - LTI €283.09m;
  - EEA €0.60m;
  - The Health (Amendment) Act 1996, Opioid Substitution Treatment Scheme, DTSS prescriptions, and Pharmacy Training Grants €16.55m;
  - Influenza Vaccination Scheme €9.22m;
  - Patient Care Fees of €28.26m were paid to pharmacists under High Tech Arrangements;
- Total cost of Pharmacy fees €382.10m.
- Total cost of phased fees €56.84m.
- Prescription charges of €79.70m.
- Over 81m prescription items were paid for by the PCRS – an increase of over 2.16m items on 2019.
- Payments to GPs for fees and allowances totalled €788.25m.
- Payments to GPs for investment in General Practice Development totalled €0.12m
- Payments to Manufacturers/Wholesalers of High Tech drugs and medicines totalled €916.13m.
- Payments to Dentists under the DTSS totalled €40.55m.
- Payments to Optometrists/Ophthalmologists under the HSE-COSS totalled €22.58m.
- Payments under centralised reimbursement of certain approved high cost Oncology, Hepatitis C, Multiple Sclerosis, Outpatient Parenteral Antimicrobial Therapy (OPAT) drugs, medicines and appliances totalled €125.28m.
- Administration costs were €45.48m.

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

## Total Payments and Reimbursements – 2020

Total Payments & Reimbursements 2020		
	2020 - €3,334.03m	2019 - €3,042.46m
GP Fees	€605.22m	€429.14m
GP Allowances	€183.03m	€160.09m
Investment in General Practice Development	€0.12m	€0.31m
Pharmacist Drugs and Medicines	€985.28m	€950.56m
Pharmacist Fees and Stock Order Mark-Up	€382.10m	€375.31m
Pharmacist High Tech Patient Care Fees	€28.26m	€25.84m
Manufacturers / Wholesalers High Tech Drugs and Medicines	€916.13m	€849.22m
Dentists	€40.55m	€56.08m
Optometrists / Ophthalmologists	€22.58m	€29.26m
Hospital - Oncology Drugs and Medicines	€82.87m	€68.82m
Hospital - Hepatitis C Drugs and Medicines	€21.94m	€46.73m
Hospital - Multiple Sclerosis Medicines (MS)	€12.33m	€0.00m
Outpatient Parenteral Antimicrobial Therapy (OPAT) - Drugs, Medicines and Appliances	€8.14m	€8.24m
Administration	€45.48m	€42.86m

*Note: Payments for 2020 reflect the new services provided during the Covid-19 pandemic.  
The figures detailed above have been rounded for reporting purposes.*

## Number of Agreements with Contractor Groups

General Practitioners 3,033

Pharmacists 1,900

Dentists 1,486

Optometrists 598

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 2020 there were 3,033 agreements.

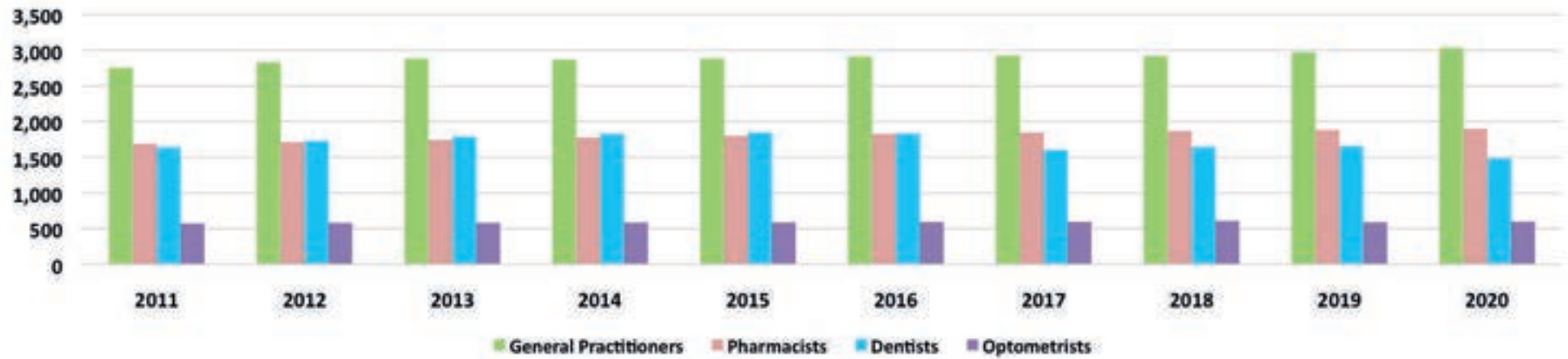
### Number of Agreements as at 31<sup>st</sup> December 2020

Community Healthcare Organisation	General Practitioners	Pharmacists	Dentists	Optometrists
CHO Area 1	232	167	150	66
CHO Area 2	317	197	178	76
CHO Area 3	253	164	106	49
CHO Area 4	471	275	327	78
CHO Area 5	303	209	145	70
CHO Area 6	312	166	83	48
CHO Area 7	417	250	201	72
CHO Area 8	338	250	133	76
CHO Area 9	390	222	163	63
<b>National</b>	<b>3,033</b>	<b>1,900</b>	<b>1,486</b>	<b>598</b>

Note: Included in the table above are the following:

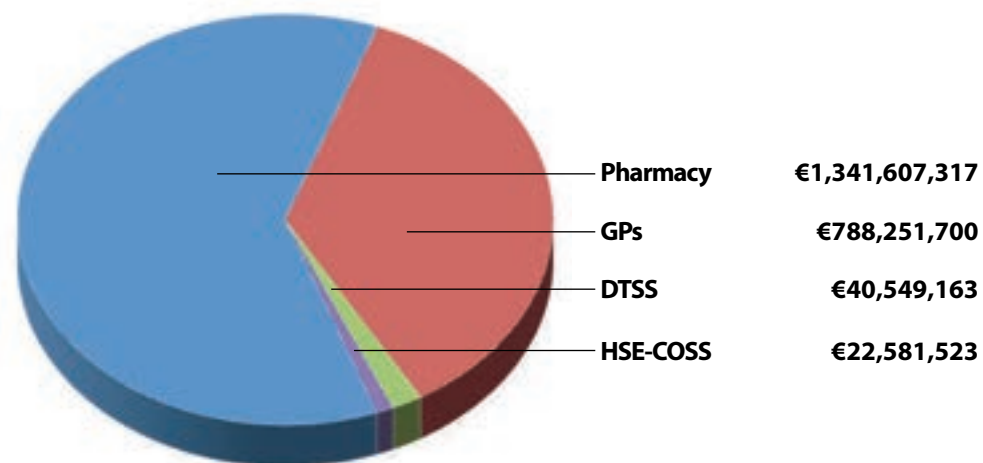
- (i) 502 GPs not contracted to the GMS Scheme who are registered to provide services under the Primary Childhood Immunisation Scheme, the Health (Amendment) Act 1996, Heartwatch, Opioid Substitution Treatment Scheme and National Cancer Screening Service.
- (ii) 11 Pharmacists who are registered to provide services under non GMS Schemes.
- (iii) 165 Dentists employed by the HSE who provide services under the Dental Treatment Services Scheme.
- (iv) 29 Clinical Dental Technicians.

## Number of Agreements with Contractor Groups 2011 - 2020



Year	General Practitioners	Pharmacists	Dentists	Optometrists
2011	2,758	1,690	1,639	573
2012	2,832	1,713	1,730	580
2013	2,888	1,744	1,790	582
2014	2,870	1,778	1,827	586
2015	2,889	1,801	1,847	587
2016	2,914	1,830	1,831	593
2017	2,928	1,849	1,604	595
2018	2,921	1,870	1,644	608
2019	2,974	1,884	1,654	590
2020	3,033	1,900	1,486	598

## Total Payments to Contractor Groups by CHO 2020



Community Healthcare Organisation	*GPs	**Pharmacy	***DTSS	HSE-COSS
CHO Area 1	€72,320,720	€121,733,559	€4,815,481	€2,414,871
CHO Area 2	€86,060,839	€142,080,033	€4,005,697	€2,440,861
CHO Area 3	€68,979,037	€117,711,017	€3,551,819	€2,007,394
CHO Area 4	€127,213,850	€204,380,887	€6,510,523	€3,311,561
CHO Area 5	€96,315,645	€166,124,250	€5,771,802	€3,413,996
CHO Area 6	€60,080,029	€86,226,948	€1,858,115	€1,264,240
CHO Area 7	€90,906,540	€173,852,690	€4,566,654	€2,742,520
CHO Area 8	€97,591,424	€176,531,127	€5,490,302	€2,960,377
CHO Area 9	€88,783,616	€152,966,806	€3,978,770	€2,025,703
<b>National</b>	<b>€788,251,700</b>	<b>€1,341,607,317</b>	<b>€40,549,163</b>	<b>€22,581,523</b>
<b>Corresponding figures for 2019</b>	<b>€589,230,503</b>	<b>€1,308,591,613</b>	<b>€56,075,566</b>	<b>€29,261,845</b>

Note: (i) \*GP figures include GMS and non GMS GPs.  
(ii) \*\*Pharmacy figures include GMS, Stock Orders, DPS, LTI and EEA claims.  
(iii) \*\*\*Dental figures include HAA claims since 2017.  
(iv) Figures for 2020 reflect the services provided during the Covid-19 pandemic.







# CARDHOLDER SECTION

## Number of Eligible Persons per Scheme - 2020

**\*GMS 1,584,790**

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 contracts 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.

**\*GPVC 529,842**

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 14,460 persons who were entitled and had opted to have their medicines dispensed by their GPs.

**DPS 1,429,554**

Under the terms of the Drugs Payment Scheme, persons who do not have a medical card may apply for a Drugs Payment Scheme card on an individual or family unit basis. Prescribed medicines, which are reimbursable under the GMS Scheme, costing in excess of a specified amount per month, €114 (effective 1st November 2020), per family, is claimed by the Pharmacy and is paid by the Primary Care Reimbursement Service.

**LTI 306,978**

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 2020

Community Healthcare Organisation	GMS	Discretionary GMS	GPVC	Discretionary GPVC	**DPS	**LTI
CHO Area 1	164,932	17,702	42,415	4,131	15,239	16,544
CHO Area 2	165,925	18,990	50,485	4,652	25,703	16,914
CHO Area 3	138,828	16,369	42,473	3,405	25,085	16,845
CHO Area 4	227,395	30,108	80,669	6,976	45,657	27,656
CHO Area 5	203,083	21,838	55,699	4,954	27,120	23,752
CHO Area 6	80,883	7,273	56,026	1,541	32,867	14,759
CHO Area 7	206,905	19,527	69,666	4,373	40,356	26,138
CHO Area 8	222,445	21,972	66,673	5,561	32,171	25,995
CHO Area 9	174,394	15,679	65,736	3,435	36,505	22,226
<b>National</b>	<b>1,584,790</b>	<b>169,458</b>	<b>529,842</b>	<b>39,028</b>	<b>280,703</b>	<b>190,829</b>
<b>*** % of Population</b>	<b>31.84%</b>	<b>3.41%</b>	<b>10.64%</b>	<b>0.78%</b>	<b>5.64%</b>	<b>3.83%</b>

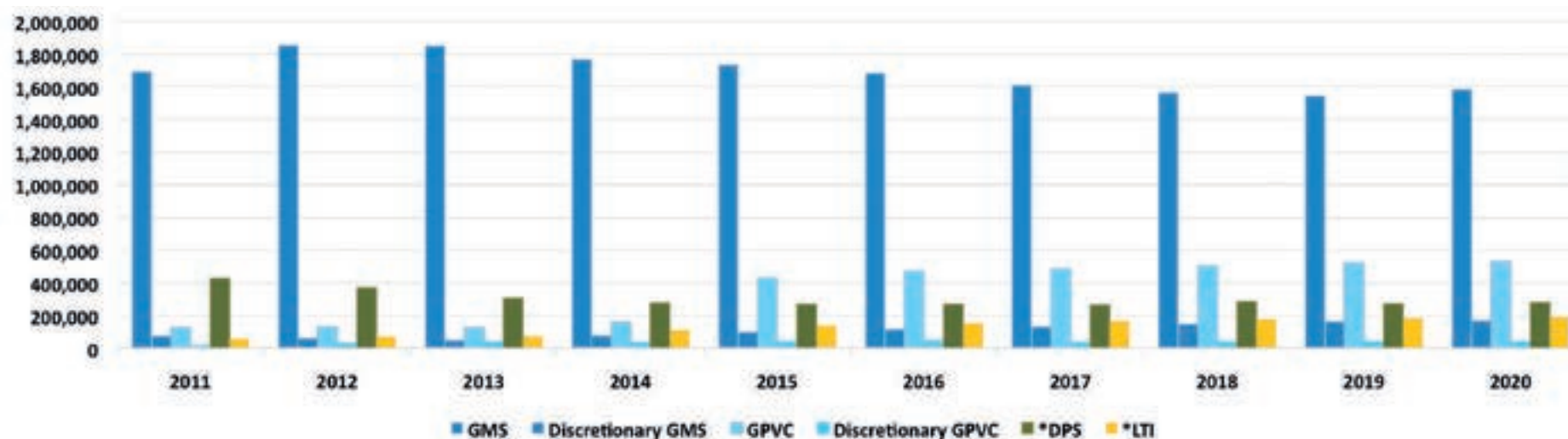
**GMS** - General Medical Services Scheme. **GPVC** - GP Visit Card Scheme. **DPS** - Drugs Payment Scheme. **LTI** - Long Term Illness Scheme.

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

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

\*\*\*National population figures (4,977,400) are based on the CSO Estimate figures for April 2020.

## Number of Eligible Persons per Scheme 2011 - 2020



### Figures as at 31st December

Year	*GMS	Discretionary GMS	*GPVC	Discretionary GPVC	**DPS	**LTI
2011	1,694,063	74,281	125,657	16,251	429,102	59,274
2012	1,853,877	62,987	131,102	15,972	370,791	69,513
2013	1,849,380	50,294	125,426	25,793	308,357	71,926
2014	1,768,700	76,665	159,576	34,605	278,227	111,940
2015	1,734,853	99,396	431,306	41,266	269,930	138,415
2016	1,683,792	116,362	470,505	45,260	270,525	153,446
2017	1,609,820	131,160	487,510	36,364	265,891	166,818
2018	1,565,049	148,396	503,329	38,099	285,599	177,481
2019	1,544,374	162,888	524,494	39,542	273,594	185,903
2020	1,584,790	169,458	529,842	39,028	280,703	190,829

**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 2016 - 2020

Year ended December:-	2020	2019	2018	2017	2016	Year ended December:-	2020	2019	2018	2017	2016
<b>(i) Number of Eligible Persons in December</b>	2,114,632	2,068,868	2,068,378	2,097,330	2,154,297	<b>Number of GP Contracts</b>	3,033	2,974	2,921	2,928	2,914
						<b>Number of Pharmacist Contracts</b>	1,900	1,884	1,870	1,849	1,830
<b>General Practitioners</b>	(000's)	(000's)	(000's)	(000's)	(000's)		(000's)	(000's)	(000's)	(000's)	(000's)
<b>*Total Payments</b>	€757,679	€561,940	€531,631	€522,375	€515,166	<b>Total Cost of Stock Orders</b>	€5,952	€6,594	€6,165	€6,529	€6,553
<b>(ii) Avg. Payment to GPs per Eligible Person</b>	€358.30	€271.62	€257.03	€249.07	€252.12	Ingredient Cost	€4,514	€5,042	€4,663	€4,980	€5,023
<b>Pharmacists</b>	(000's)	(000's)	(000's)	(000's)	(000's)	Pharmacy Fees	€903	€1,008	€933	€996	€1,005
<b>Total Cost of Prescriptions</b>	€969,304	€963,193	€960,185	€983,304	€1,026,737	VAT	€535	€544	€569	€553	€525
Ingredient Cost	€639,610	€628,119	€621,634	€635,268	€673,260	<b>Overall Cost of Drugs and Medicines</b>	€975,256	€969,787	€966,350	€989,833	€1,033,290
Dispensing Fee	€300,246	€305,231	€309,306	€314,685	€318,580	<b>(iii) Avg. Payment to Pharmacists per Eligible Person</b>	€744.20	€697.51	€679.40	€677.16	€671.44
VAT	€29,448	€29,843	€29,245	€33,351	€34,897	<b>**Overall Payments</b>	€1,732,935	€1,531,727	€1,497,981	€1,512,208	€1,548,456
Number of Forms	18,358	19,156	18,949	18,979	19,244						
Number of Items	60,975	60,073	59,218	58,595	58,683						
Avg. Cost per Form	€52.80	€50.28	€50.67	€51.81	€53.35						
Avg. Cost per Item	€15.90	€16.03	€16.21	€16.78	€17.50						
Avg. Ingredient Cost per Item	€10.49	€10.46	€10.50	€10.84	€11.47						
Avg. Items per Form	3.32	3.14	3.13	3.09	3.05						

- Note: (i) Number of eligible persons in 2020 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 2020. The number of persons who availed of services in 2020 was 1,310,474.  
(iv) Overall payment per eligible person is based on the number of persons who availed of services during 2020.  
(v) \*Total payments for 2020 reflects the services provided during the Covid-19 pandemic.  
(vi) \*\*Overall payments includes payments made under Discretionary Hardship Arrangements.

## LTI / DP Schemes: Summary of Statistical Information for 2016 - 2020

Year ended December:-	2020	2019	2018	2017	2016	Year ended December:-	2020	2019	2018	2017	2016
<b>LTI Scheme</b>						<b>DP Scheme</b>					
						Number of Eligible Persons in December	1,429,554	1,362,639	1,290,634	1,258,531	1,272,771
*Number of Claimants	190,829	185,903	177,481	166,818	153,446	*Number of Claimants	280,703	273,594	285,599	265,891	270,525
	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>	<b>(000's)</b>	**Number of Families	195,278	188,119	187,789	168,978	170,531
Number of Items	9,953	9,464	8,936	8,305	7,594	Number of Items	8,555	7,901	7,633	7,135	7,204
Total Cost	€283,086	€262,625	€242,694	€221,904	€207,445	Gross Cost	€177,647	€165,306	€157,050	€148,335	€153,670
<b>Avg. Cost per Item</b>	<b>€28.44</b>	<b>€27.75</b>	<b>€27.16</b>	<b>€26.72</b>	<b>€27.32</b>	***Net Cost	€82,666	€75,471	€67,363	€62,095	€65,300
<b>*Avg. Cost per Claimant</b>	<b>€1,483.45</b>	<b>€1,412.70</b>	<b>€1,367.44</b>	<b>€1,330.21</b>	<b>€1,351.91</b>	<b>Avg. Gross Cost per Item</b>	<b>€20.77</b>	<b>€20.92</b>	<b>€20.57</b>	<b>€20.79</b>	<b>€21.33</b>
						<b>*Avg. Net Cost per Claimant</b>	<b>€294.50</b>	<b>€275.85</b>	<b>€235.87</b>	<b>€233.53</b>	<b>€241.38</b>

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

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

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





# GENERAL PRACTITIONER SECTION

## Fees and Allowances under Capitation Agreement as at 31st December 2020

Ages	Male €	Female €
6 - 15	53.38	54.00
16 - 44	68.15	111.44
45 - 64	136.12	149.57
65 - 69	143.39	159.97
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.	334.95	334.95
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.	535.38	535.38
The above rates are exclusive of Supplementary Out-of-Hours Fee.	3.64	3.64
<b>Out-of-Hours Payment</b>		
Surgery (6 p.m. - 8 a.m.)		€41.63
Surgery (8 - 9 a.m. and 5 - 6 p.m.)		€13.88
Domiciliary		€41.63
Additional Fee (Surgery or Domiciliary)		€13.88
<b>Temporary Residents/EEA Visitors/Emergency</b>		
Surgery		€40.94
Domiciliary		€40.94
Fee for Second Medical Opinion		€26.46
<b>Rural Practice Support Framework</b>		
Rural Practice Allowance Per Annum		€16,216.07
Rural Practice Support Framework Allowance Per Annum, where there is one or no other practice unit in the area		€22,000.00
Rural Practice Support Framework Allowance Per Annum, where there are two practice units in the area however, one or both practice units is not in receipt of Rural Practice Allowance		€11,000.00
Opt-in GP (dispensing doctor)		€42.39
Pilot GP (dispensing doctor)		€48.90
Continuous GP (dispensing doctor)		€12.48



## Fees and Allowances under Capitation Agreement as at 31st December 2020 continued

Special Items of Service		
A	Excisions / Cryotherapy / Diathermy of Skin Lesions	€24.80
AB	Long Acting Reversible Contraceptive (LARC)	€70.00
AC	Removal Long Acting Reversible Contraceptive (LARC)	€50.00
AD	24 Hour Ambulatory Blood Pressure Monitoring	€60.00
AE	Cervical Screening Consultation	€50.00
AH	TOP patients first consultation	€150.00
AI	TOP combined termination procedure, including the administration/dispensing for medicines and aftercare	€300.00
AJ	Provision of aftercare by the contractor, where the patient has received termination of pregnancy service in a hospital and has been discharged to the community setting	€100.00
AL	Therapeutic Phlebotomy for Haemochromatosis	€100.00
AN	Involuntary Admissions to Acute Mental Health Facilities	€150.00
AO	Chronic Disease Management (one condition)	€105.00
AP	Chronic Disease Management (two conditions)	€125.00
AQ	Chronic Disease Management (three or more conditions)	€150.00
AR	Modified Chronic Disease Virtual Consultation (1 condition - effective 1st July 2020 to 31st December 2020)	€55.00
AS	Modified Chronic Disease Virtual Consultation (2 conditions - effective 1st July 2020 to 31st December 2020)	€65.00
AT	Modified Chronic Disease Virtual Consultation (3 or more conditions - effective 1st July 2020 to 31st December 2020)	€75.00
B	Suturing of cuts and lacerations	€50.00
C	Draining of Hydroceles	€24.80
CA	Respiratory assessment for patients regardless of eligibility (effective March 2020)	€75.00
CB	Covid-19 telephone consultation for patients regardless of eligibility (effective March 2020)	€30.00
CD	Non Covid-19 related telephone consultation for medical/GPV card holders (effective March 2020 to 4th September 2020)	€25.00
D	Treatment and Plugging of Dental and Nasal Haemorrhages	€24.80
F	ECG Tests and their Interpretation	€24.80
H	Removal of adherent foreign bodies from the conjunctival surface of the eye	€24.80
J	Removal of lodged or impacted foreign bodies from the ear, nose and throat	€24.80
K	Nebuliser treatment in the case of acute asthma attack	€37.21
L	Bladder Catheterization	€60.00
M	Attendance at case conferences (where authorised by the HSE)	€62.02
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 €100 for every 10 unique patients to whom the QIV vaccine is administered.

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

## Fees and Allowances under Capitation Agreement as at 31st December 2020 continued

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

**Fees and Allowances under the Fee-Per-Item Agreement and Fees under the Immunisation Scheme, Health (Amendment) Act 1996, Opioid Substitution Treatment Scheme and Heartwatch Programme as at 31st December 2020**

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

**Fees and Allowances under the Fee-Per-Item Agreement and Fees under the Immunisation Scheme, Health (Amendment) Act 1996, Opioid Substitution Treatment Scheme and Heartwatch Programme as at 31st December 2020 continued**

Special Items of Service		
AE	Cervical Screening Consultation	€50.00
AH	TOP patients first consultation	€150.00
AI	TOP combined termination procedure, including the administration/dispensing for medicines and aftercare	€300.00
AJ	Provision of aftercare by the contractor, where the patient has received termination of pregnancy service in a hospital and has been discharged to the community setting	€100.00
AL	Therapeutic Phlebotomy for Haemochromatosis	€100.00
AN	Involuntary Admissions to Acute Mental Health Facilities	€150.00
AO	Chronic Disease Management (one condition)	€105.00
AP	Chronic Disease Management (two conditions)	€125.00
AQ	Chronic Disease Management (three or two conditions)	€150.00
AR	Modified Chronic Disease Virtual Consultation (1 condition - effective 1st July 2020 to 31st December 2020)	€55.00
AS	Modified Chronic Disease Virtual Consultation (2 conditions - effective 1st July 2020 to 31st December 2020)	€65.00
AT	Modified Chronic Disease Virtual Consultation (3 or more conditions - effective 1st July 2020 to 31st December 2020)	€75.00
CA	Respiratory assessment for patients regardless of eligibility (effective March 2020)	€75.00
CB	Covid-19 telephone consultation for patients regardless of eligibility (effective March 2020)	€30.00
CD	Non Covid-19 telephone consultation for medical/GPV card holders (effective March 2020 - 4th September 2020)	€25.00
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	Recognized Vein Treatment	€22.43
K	Excisions / Cryotherapy / Diathermy of Skin Lesions	€22.43
M	ECG Tests and their Interpretation	€22.43
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 €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 2020

### 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 75 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 75 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 75 years and over) with three or more of the chronic conditions listed in the Agreement of 2019 of €300.

### Social Deprivation Grant System for 2020

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 2020 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 2020

### Fees €605.22m

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 €340,270,765 in 2020. Fees totalling €339,305 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 €183.03m

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

Annual and study leave together with locum, nursing and other practice support payments account for most of the €183,027,185 allowances paid to GPs in 2020.

### Payments to GPs in each CHO Area

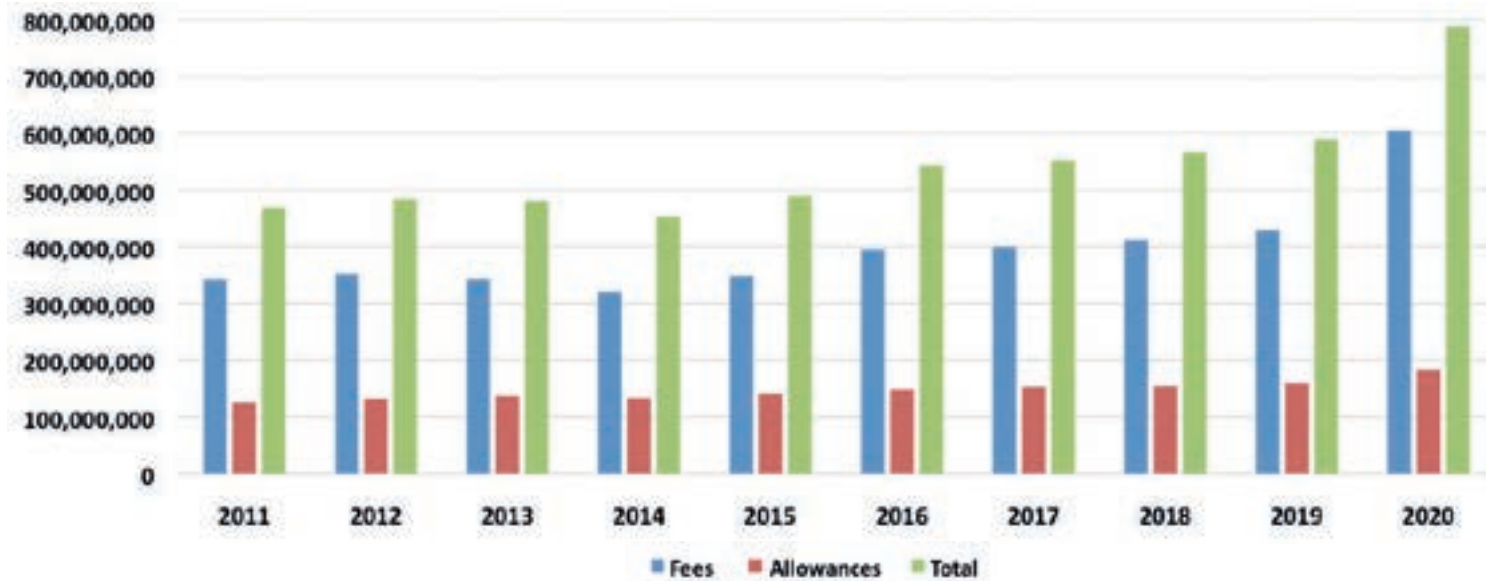
Community Healthcare Organisation	2020
CHO Area 1	€72,320,720
CHO Area 2	€86,060,839
CHO Area 3	€68,979,037
CHO Area 4	€127,213,850
CHO Area 5	€96,315,645
CHO Area 6	€60,080,029
CHO Area 7	€90,906,540
CHO Area 8	€97,591,424
CHO Area 9	€88,783,616
<b>National</b>	<b>€788,251,700</b>

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

<i>Primary Childhood Immunisation Scheme</i>	€8,164,229
<i>Opioid Substitution Treatment Scheme</i>	€8,044,786
<i>Maternity and Infant Care Scheme</i>	€7,197,623
<i>National Cancer Screening Services</i>	€6,538,519
<i>Heartwatch</i>	€497,446
<i>Health (Amendment) Act 1996</i>	€130,410

Note: Payments for 2020 reflect the new services provided during the Covid-19 pandemic.

## Payments to General Practitioners 2011 - 2020



### Payments to General Practitioners 2011 - 2020

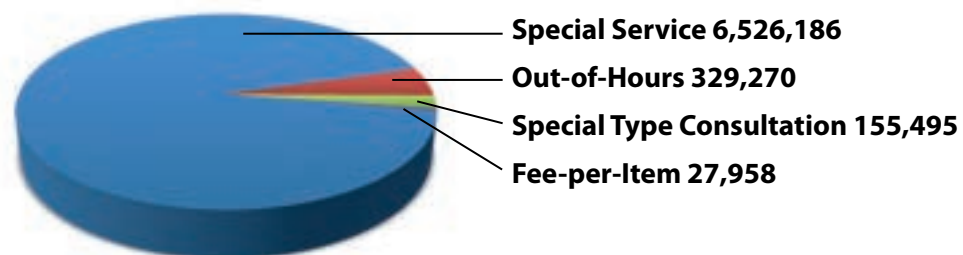
Year	Fees	Allowances	Total
2011	342,935,677	126,426,925	469,362,602
2012	351,088,405	132,051,034	483,139,439
2013	343,404,031	136,622,499	480,026,530
2014	320,269,633	132,983,184	453,252,817
2015	348,035,815	141,659,008	489,694,823
2016	394,797,667	148,334,217	543,131,884
2017	398,912,575	152,662,775	551,575,350
2018	411,754,432	153,656,565	565,410,997
2019	429,137,227	160,093,276	589,230,503
2020	605,224,515	183,027,185	788,251,700

Note: Payments for 2020 reflect the new services provided during the Covid-19 pandemic.



## Number of Claims by General Practitioners

### National – 2020



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

Community Healthcare Organisation	Fee-per-Item	Special Type Consultation	Special Service	Out-of-Hours
CHO Area 1	-	13,232	563,571	18,863
CHO Area 2	-	18,925	720,216	34,188
CHO Area 3	-	15,616	573,233	19,128
CHO Area 4	17,697	19,268	1,159,406	76,558
CHO Area 5	988	9,410	804,858	42,853
CHO Area 6	-	4,097	477,404	16,653
CHO Area 7	9,273	35,598	711,379	42,181
CHO Area 8	-	11,926	793,881	31,247
CHO Area 9	-	27,423	722,238	47,599
<b>National</b>	<b>27,958</b>	<b>155,495</b>	<b>6,526,186</b>	<b>329,270</b>

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

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

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

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

## Number of Claims by General Practitioners 2011 - 2020



Year	Fee-per-Item	Special Type Consultation	Special Service	Out-of-Hours
2011	55,432	340,349	877,357	804,670
2012	57,331	367,788	884,313	861,133
2013	58,660	328,062	926,105	890,914
2014	55,047	286,222	938,890	806,522
2015	52,634	299,568	969,709	885,861
2016	46,100	307,742	1,084,881	987,711
2017	47,476	285,461	1,174,931	959,121
2018	36,343	261,254	1,328,715	961,873
2019	39,473	242,633	1,312,012	939,342
2020	27,958	155,495	6,526,186	329,270

Note: The number of Special Service claims for 2020 reflects the services available during the Covid-19 pandemic.

## GMS: Payments to General Practitioners

		<b>2020</b>	<b>2019</b>
		<b>€</b>	<b>€</b>
<b>FEEES</b>	- Capitation	340,270,765	302,385,364
	- Special Claims/Services	184,000,412	41,607,157
	- Out-of-Hours	11,377,700	35,909,494
	- Dispensing	648,756	679,653
	- Item of Service Contract	339,305	485,929
	- Asylum Seekers	402,092	547,124
	- Vaccinations	26,717,957	8,893,345
	- Asthma Registration	160,950	266,300
	- Asthma Capitation	671,659	803,891
	- Contribution for GP Height Measure and Self Zeroing Scale	1,614	4,602
	- Diabetes Capitation	9,844,232	9,826,192
	- Diabetes Registration	216,060	437,250
<b>ALLOWANCES</b>	- Secretarial/Nursing	93,113,296	91,687,863
	- Annual Leave	9,657,362	10,738,548
	- Rostering/Out-of-Hours	6,313,820	6,192,291
	- Medical Indemnity Insurance	6,973,064	7,552,800
	- Rural Practice	5,886,732	4,629,155
	- Study Leave	2,711,765	2,222,023
	- Sick Leave	2,777,221	1,596,985
	- Maternity Leave/Paternity Leave	4,074,775	2,120,697
	- Locum and Practice Expenses	4,113	4,113
	- Social Deprivation Grant	2,905,000	0
	- CDM Nursing Support Grant	2,218,188	0
	- Winter Plan Support Grant	8,846,500	0
<b>SALARIES</b>	- Benefits to retired DMOs and their dependents	1,837,848	2,081,067
	- Former District Medical Officers	1,127,004	1,257,545
<b>SUPERANNUATION FUND</b>	- Contribution	37,132,184	32,091,255
<b>TOTAL</b>		<b>€760,230,374</b>	<b>€564,020,643</b>

Note: Payments for 2020 reflect the new services provided during the Covid-19 pandemic.





# PHARMACY SECTION

## Scale of Fees Payable to Participating Pharmacists as at 31st December 2020

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

## Payments to Pharmacists: Claims Reimbursed 2020

GMS €975.25m	DPS €82.67m	LTI €283.09m	EEA €0.60m
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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 2020 there were 18.3m GMS prescription forms containing over 60.9m prescription items which were dispensed at a cost of €969,304,458. (This figure excludes the cost of GMS stock orders of €5,951,436 in 2020). This equates to an average cost of €15.97 per dispensed item. During 2020, 83% of all GMS cardholders availed of prescription items at an average cost of €744.20 per person.

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

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

There were 92,693 persons who availed of High Tech Arrangements and patient care fees of €28.26m 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	€93,562,463	€4,457,645	€23,615,237	€98,214	€121,733,559
CHO Area 2	€109,879,153	€7,202,409	€24,877,229	€121,242	€142,080,033
CHO Area 3	€87,610,321	€6,470,903	€23,518,203	€111,590	€117,711,017
CHO Area 4	€150,089,726	€12,636,632	€41,529,136	€125,393	€204,380,887
CHO Area 5	€124,249,113	€7,486,427	€34,341,290	€47,420	€166,124,250
CHO Area 6	€52,927,915	€11,683,692	€21,601,852	€13,489	€86,226,948
CHO Area 7	€121,729,023	€12,098,490	€40,001,457	€23,720	€173,852,690
CHO Area 8	€126,439,204	€9,266,113	€40,791,705	€34,105	€176,531,127
CHO Area 9	€108,768,976	€11,363,775	€32,810,070	€23,985	€152,966,806
<b>National</b>	<b>€975,255,894</b>	<b>€82,666,086</b>	<b>€283,086,179</b>	<b>€599,158</b>	<b>€1,341,607,317</b>

\*GMS - This figure includes Stock Order costs.

- Also Included in the above GMS figure is an amount of €0.36m which was paid for items dispensed under Redress for Women Resident in Certain Institutions, and €14.67m which was paid in respect of Non GMS Reimbursable Items dispensed under Discretionary Hardship Arrangements.

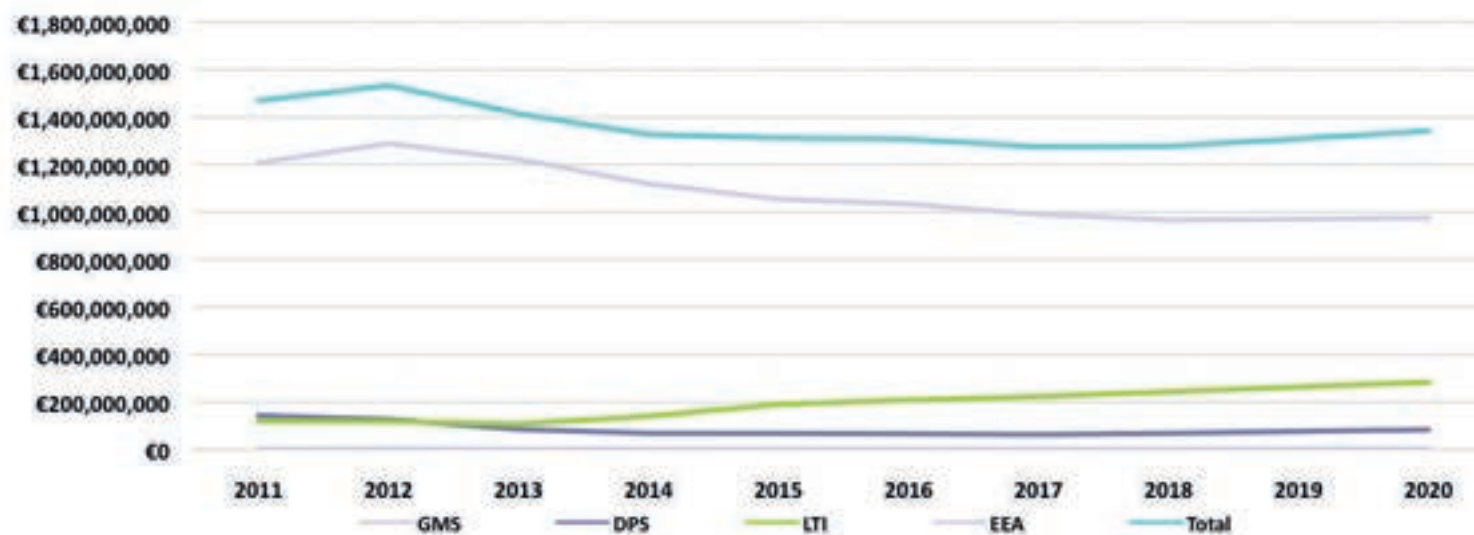
#### Additional payment of claims reimbursed to Pharmacists include:

High Tech Arrangements - Patient Care Fees	€28,258,541
Opioid Substitution Treatment Scheme	€13,980,262
Influenza Vaccination Scheme	€9,215,750
Health (Amendment) Act 1996	€1,453,507
Dental Treatment Services Scheme	€696,962
Pharmacy Training Grant	€421,180

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

High Tech Arrangements - Drugs and Medicines	€916,128,084
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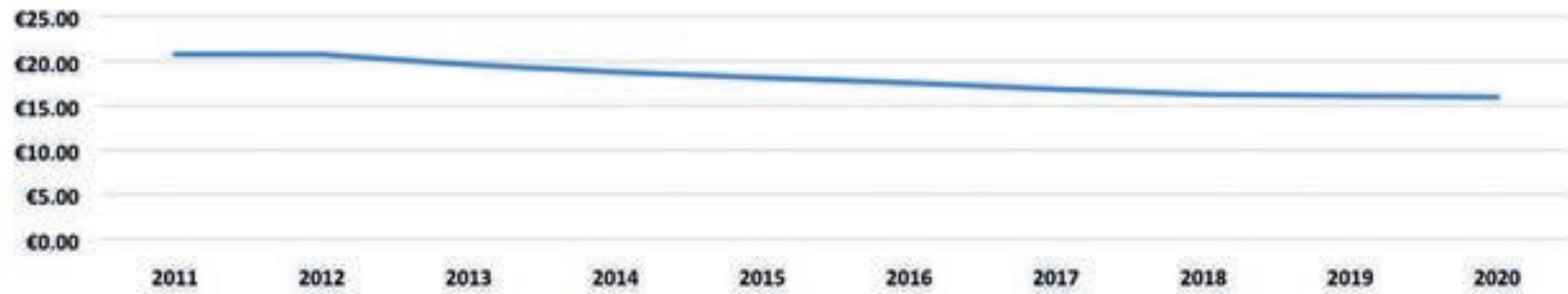
## Payments to Pharmacists: Claims Reimbursed 2011 - 2020



Year	GMS	DPS	LTI	EEA	Total
2011	€1,207,338,461	€142,138,915	€118,098,284	€1,598,020	€1,469,173,680
2012	€1,288,815,871	€125,691,064	€117,101,875	€1,778,697	€1,533,387,507
2013	€1,222,212,846	€84,045,549	€106,510,059	€1,490,790	€1,414,259,244
2014	€1,118,945,050	€67,534,381	€139,191,408	€1,248,767	€1,326,919,606
2015	€1,054,304,114	€67,108,587	€189,483,531	€1,136,724	€1,312,032,956
2016	€1,033,290,114	€65,299,554	€207,444,771	€998,483	€1,307,032,922
2017	€989,833,465	€62,094,671	€221,903,709	€884,229	€1,274,716,074
2018	€966,349,869	€67,362,845	€242,694,497	€816,945	€1,277,224,156
2019	€969,787,344	€75,471,256	€262,624,672	€708,341	€1,308,591,613
2020	€975,255,894	€82,666,086	€283,086,179	€599,158	€1,341,607,317



## Average GMS Cost per Pharmacy Item 2011 - 2020

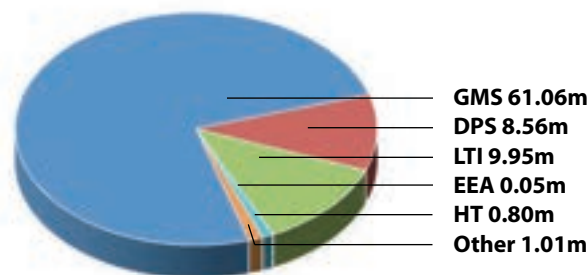


Year	*Total Number of Items	Total Payments	Average Cost per Item
2011	58,099,381	€1,207,338,461	€20.78
2012	62,084,126	€1,288,815,871	€20.76
2013	62,272,035	€1,222,212,846	€19.63
2014	59,524,407	€1,118,945,050	€18.80
2015	58,093,584	€1,054,304,114	€18.15
2016	58,797,149	€1,033,290,114	€17.57
2017	58,713,753	€989,833,465	€16.86
2018	59,326,912	€966,349,869	€16.29
2019	60,176,425	€969,787,344	€16.12
2020	61,062,484	€975,255,894	€15.97

\*Total number of Items includes Stock Order Items.

## Number of Items Claimed by Pharmacists

### National – Number of Items Claimed 2020



GMS prescription forms processed for payment in the year totalled 18.36m - the total of prescribed items was more than 60.98m - these accounted for approximately 75% of all items paid for by the Primary Care Reimbursement Service in 2020.

Approximately 38.52% of GMS forms contained a single item - 17.86% contained 2 items - the average number per form was approximately 3.32 items (2019 - 3.14).

### Number of Items claimed in each CHO

Community Healthcare Organisation	*GMS	DPS	LTI	EEA	HT	Other	Total
CHO Area 1	5,816,172	469,658	869,764	7,841	63,279	64,349	7,291,063
CHO Area 2	6,535,015	706,757	846,966	8,792	79,834	55,906	8,233,270
CHO Area 3	5,556,901	725,707	908,387	8,862	64,213	68,145	7,332,215
CHO Area 4	9,293,280	1,347,964	1,402,247	8,569	131,048	114,717	12,297,825
CHO Area 5	7,913,086	829,992	1,300,155	3,686	86,404	119,071	10,252,394
CHO Area 6	3,330,724	1,060,569	699,126	956	73,348	83,180	5,247,903
CHO Area 7	7,806,269	1,273,356	1,336,667	1,716	114,228	189,447	10,721,683
CHO Area 8	8,055,690	973,490	1,438,987	2,715	94,310	142,221	10,707,413
CHO Area 9	6,755,347	1,167,478	1,150,334	1,730	91,773	176,204	9,342,866
<b>National</b>	<b>61,062,484</b>	<b>8,554,971</b>	<b>9,952,633</b>	<b>44,867</b>	<b>798,437</b>	<b>1,013,240</b>	<b>81,426,632</b>

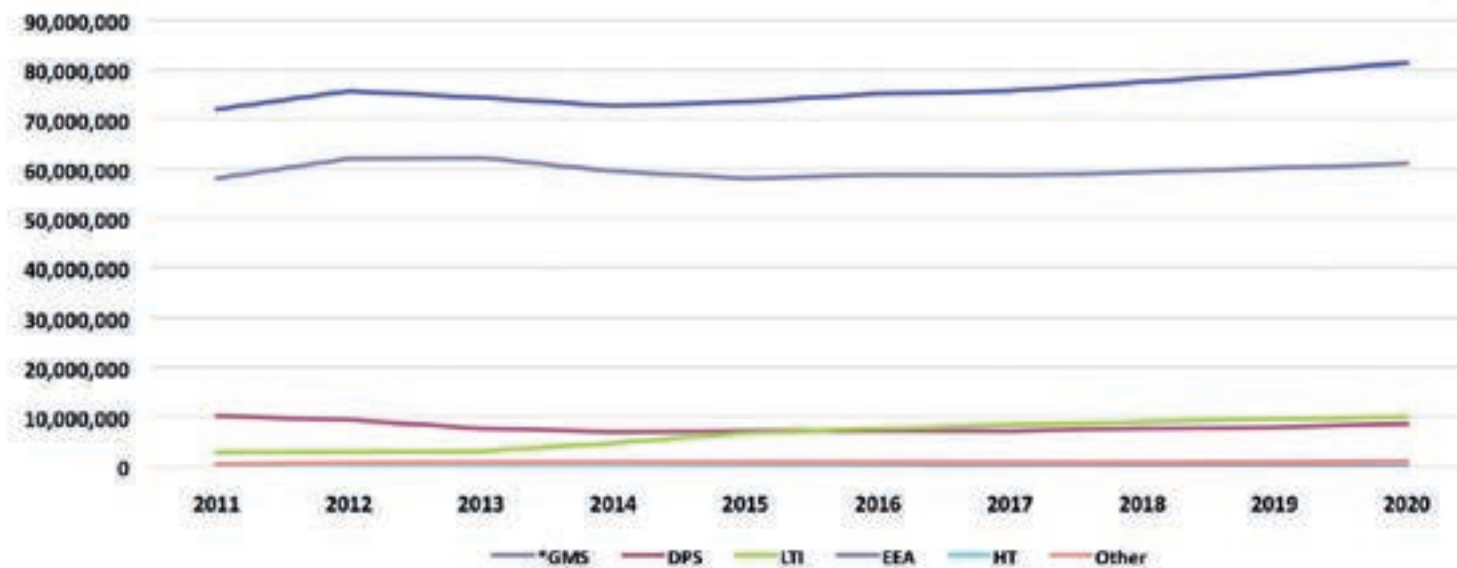
\*GMS includes: claim items and Stock Order items.

Other:	Claims:	Other:	Claims:
Opioid Substitution Treatment Scheme	363,297	Dental Treatment Services Scheme	117,749
Pharmacy Vaccinations	270,106	Health (Amendment) Act 1996	94,569
Discretionary Hardship Arrangements	167,519		

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

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

## Number of Items Claimed by Pharmacists 2011 - 2020



Year	*GMS	DPS	LTI	EEA	HT	Other	Total
2011	58,099,381	10,097,055	2,802,766	89,096	433,139	501,824	72,023,261
2012	62,084,126	9,333,838	2,944,285	96,991	522,355	743,141	75,724,736
2013	62,272,035	7,629,138	3,030,251	96,570	554,686	795,824	74,378,504
2014	59,524,407	7,007,029	4,696,579	89,210	582,744	815,567	72,715,536
2015	58,093,584	7,158,877	6,759,211	84,328	631,042	815,181	73,542,223
2016	58,797,149	7,203,742	7,593,728	76,369	681,631	823,222	75,175,841
2017	58,713,753	7,135,002	8,304,668	67,970	746,052	795,652	75,763,097
2018	59,326,912	7,633,295	8,936,045	63,739	818,114	767,859	77,545,964
2019	60,176,425	7,901,647	9,464,596	56,577	887,263	782,959	79,269,467
2020	61,062,484	8,554,971	9,952,633	44,867	798,437	1,013,240	81,426,632

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

## HSE – Medicines Management Programme (MMP)

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

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

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

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

### Blood glucose test strips (BGTS)

Total expenditure on BGTS in 2019 was approximately €40.6 million. In 2020, the MMP undertook an evaluation to identify preferred BGTS with associated meters for adults with type 1 and type 2 diabetes mellitus, with the publication of a preferred BGTS list in early 2021. The MMP identified a list of preferred BGTS with associated meters to ensure that there are a variety of options available to patients and prescribers.

The MMP recognises the potential for a reduction in expenditure on BGTS by increased utilisation of preferred BGTS, which will be monitored in 2021.

### MMP – Managed access processes

Reimbursement application systems are available through PCRS online services for:

- **Versatis® (lidocaine) medicated plasters:** indication-based reimbursement approval for post-herpetic neuralgia (PHN) and a managed approach to reimbursement recommendations for off-label use, has led to a sustained reduction in expenditure.
- **Entresto® (sacubitril/valsartan) film-coated tablets:** reimbursement is supported for a specific cohort of patients with symptomatic chronic heart failure through a managed access approach.
- **Standard oral nutritional supplements (List B):** non first-line standard oral nutritional supplements (List B) require prior reimbursement approval.
- **PCSK9 inhibitors:** reimbursement of alirocumab (Praluent®) and evolocumab (Repatha®) is supported for patients who meet the criteria outlined in the HSE-Managed Access Protocol for PCSK9 inhibitors.

Further managed access protocols and accompanying application forms are in place for a number of medicines; these are available under “Managed Access Protocols” at [www.hse.ie/yourmedicines](http://www.hse.ie/yourmedicines).

### MMP – Evaluation reports

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

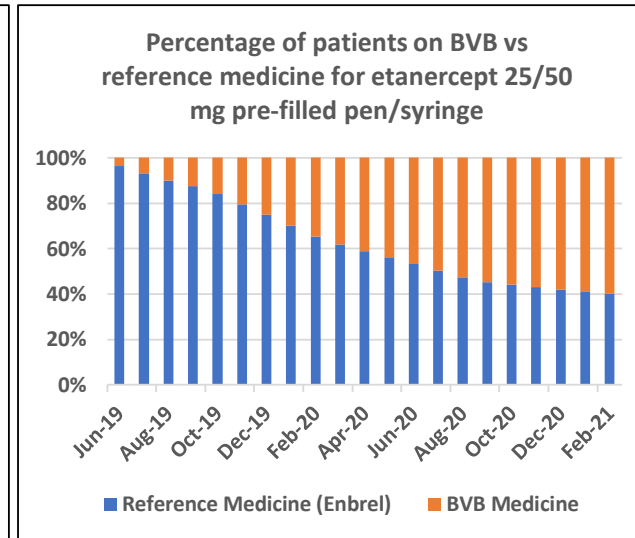
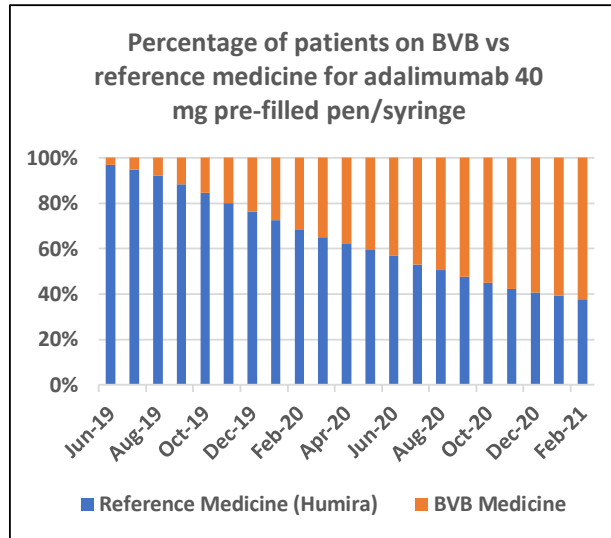
- Inhaled medicines for chronic obstructive pulmonary disease (COPD)
- Benzodiazepines and z-drugs (BZRA) for the treatment of anxiety and insomnia
- Oral anticoagulants for stroke prevention in non-valvular atrial fibrillation
- The use of aspirin in the primary prevention of cardiovascular disease.

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



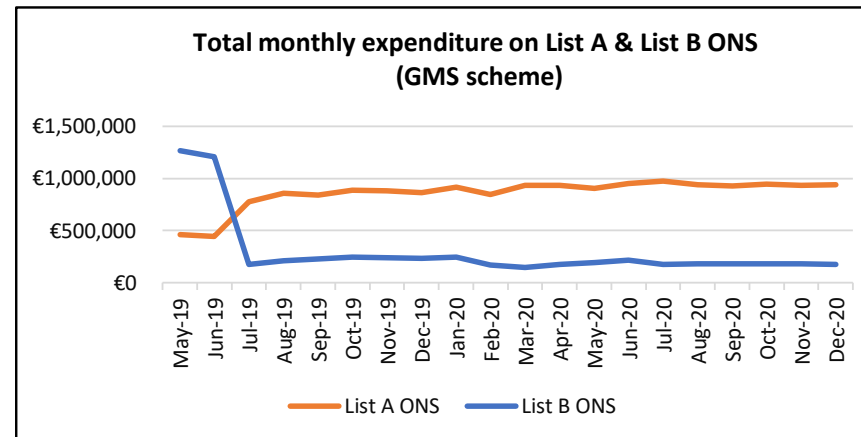
**Best-value biological (BVB) medicines**

In May 2019, the HSE-Medicines Management Programme (MMP) identified best-value biological (BVB) medicines for adalimumab and etanercept. The MMP, in conjunction with the PCRS, is actively engaging with clinical teams in the specialities of dermatology, gastroenterology and rheumatology to support the prescribing of the BVB medicines. By the end of 2020, over 11,600 patients had been prescribed one of the identified BVB medicines for adalimumab or etanercept.



**Oral nutritional supplements (ONS)**

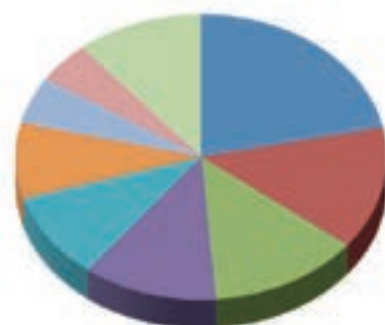
On 1<sup>st</sup> July 2019, the PCRS in collaboration with the MMP introduced changes to the reimbursement of specific standard oral nutritional supplements (ONS) on the Community Drug Schemes. These changes are in line with the *Standard Oral Nutritional Supplements First-line Prescribing List for Adults Living in the Community (2019)*. Non first-line standard ONS products (List B) require prior reimbursement approval for dispensing on the Community Drug Schemes. First-line standard ONS products (List A) do not require reimbursement approval. Efficiencies of approximately €9.9 million have been achieved on total expenditure on List A and List B ONS since the implementation of changes up to the end of 2020.



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

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

National 2020



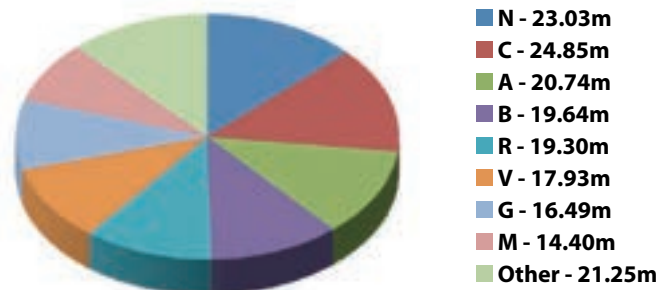
■ N - 211.57m
■ C - 135.74m
■ A - 127.99m
■ R - 114.04m
■ V - 96.28m
■ B - 83.43m
■ M - 52.44m
■ G - 45.55m
■ Other - 108.22m

Major Therapeutic Classification		€m	Prescribing frequency
<b>A</b>	<b>Alimentary Tract and Metabolism</b>	<b>127.99</b>	<b>9,384,920</b>
<b>B</b>	<b>Blood and Blood Forming Organs</b>	<b>83.43</b>	<b>4,475,834</b>
<b>C</b>	<b>Cardiovascular System</b>	<b>135.74</b>	<b>12,814,356</b>
<b>D</b>	Dermatologicals	23.67	1,463,140
<b>G</b>	<b>Genito Urinary System and Sex Hormones</b>	<b>45.55</b>	<b>2,386,181</b>
<b>H</b>	Systemic Hormonal Preps. excl. Sex Hormones and Insulins	21.09	2,681,755
<b>J</b>	Antiinfectives for Systemic Use	26.75	2,165,342
<b>L</b>	Antineoplastic and Immunomodulating Agents	9.61	370,116
<b>M</b>	<b>Musculo-Skeletal System</b>	<b>52.44</b>	<b>3,038,094</b>
<b>N</b>	<b>Nervous System</b>	<b>211.57</b>	<b>13,554,443</b>
<b>P</b>	Antiparasitic Products, Insecticides and Repellents	1.48	134,014
<b>R</b>	<b>Respiratory System</b>	<b>114.04</b>	<b>5,503,950</b>
<b>S</b>	Sensory Organs	25.62	1,642,853
<b>V</b>	<b>Various (below)</b>	<b>96.28</b>	<b>1,447,486</b>
	Clinical Nutritional Products	43.85	531,584
	Ostomy Requisites	23.56	359,764
	Urinary Requisites	14.07	158,283
	Diagnostic Products	5.41	131,093
	Dressings	2.82	41,608
	Other Therapeutic Products	2.36	24,101
	Needles/Syringes/Lancets	1.83	82,230
	Allergens	0.11	1,303
	Miscellaneous	2.27	117,520
	<b>Total</b>	<b>€975.26m</b>	<b>61,062,484</b>

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

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

### National 2020

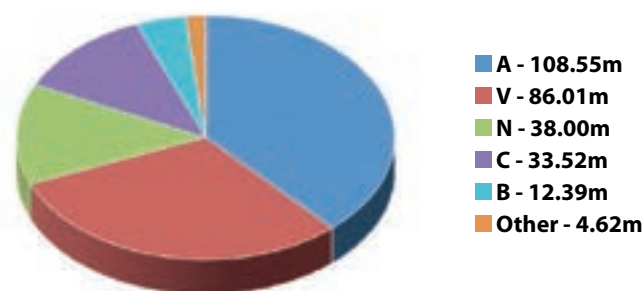


Major Therapeutic Classification		€m	Prescribing frequency
<b>A</b>	<b>Alimentary Tract and Metabolism</b>	<b>20.74</b>	<b>1,238,979</b>
<b>B</b>	<b>Blood and Blood Forming Organs</b>	<b>19.64</b>	<b>707,689</b>
<b>C</b>	<b>Cardiovascular System</b>	<b>24.85</b>	<b>1,991,173</b>
<b>D</b>	Dermatologicals	4.57	197,201
<b>G</b>	<b>Genito Urinary System and Sex Hormones</b>	<b>16.49</b>	<b>394,004</b>
<b>H</b>	Systemic Hormonal Preps. excl. Sex Hormones and Insulins	3.74	421,410
<b>J</b>	Antiinfectives for Systemic Use	5.05	302,491
<b>L</b>	Antineoplastic and Immunomodulating Agents	3.57	105,484
<b>M</b>	<b>Musculo-Skeletal System</b>	<b>14.40</b>	<b>424,048</b>
<b>N</b>	<b>Nervous System</b>	<b>23.03</b>	<b>1,421,734</b>
<b>P</b>	Antiparasitic Products, Insecticides and Repellents	0.37	26,472
<b>R</b>	<b>Respiratory System</b>	<b>19.30</b>	<b>859,439</b>
<b>S</b>	Sensory Organs	3.95	214,892
<b>V</b>	<b>Various (below)</b>	<b>17.93</b>	<b>249,955</b>
	Ostomy Requisites	5.88	77,048
	Clinical Nutritional Products	5.53	58,833
	Urinary Requisites	3.02	24,108
	Diagnostic Products	0.73	12,976
	Other Therapeutic Products	0.52	5,134
	Needles/Syringes/Lancets	0.36	26,381
	Allergens	0.27	3,171
	Dressings	0.17	2,515
	Miscellaneous	1.45	39,789
	<b>Total</b>	<b>€177.63m</b>	<b>8,554,971</b>

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

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

### National 2020



Major Therapeutic Classification		€m	Prescribing frequency
<b>A</b>	<b>Alimentary Tract and Metabolism</b>	<b>108.55</b>	<b>2,808,915</b>
<b>B</b>	<b>Blood and Blood Forming Organs</b>	<b>12.39</b>	<b>952,437</b>
<b>C</b>	<b>Cardiovascular System</b>	<b>33.52</b>	<b>3,597,957</b>
<b>D</b>	Dermatologicals	0.03	1,302
<b>G</b>	Genito Urinary System and Sex Hormones	0.81	28,780
<b>H</b>	Systemic Hormonal Preps. excl. Sex Hormones and Insulins	1.13	37,857
<b>J</b>	Antiinfectives for Systemic Use	1.11	31,056
<b>L</b>	Antineoplastic and Immunomodulating Agents	0.15	1,754
<b>M</b>	Musculo-Skeletal System	0.48	27,510
<b>N</b>	<b>Nervous System</b>	<b>38.00</b>	<b>937,245</b>
<b>P</b>	Antiparasitic Products, Insecticides and Repellents	0.02	328
<b>R</b>	Respiratory System	0.70	25,814
<b>S</b>	Sensory Organs	0.19	3,874
<b>V</b>	<b>Various (below)</b>	<b>86.01</b>	<b>1,497,804</b>
	Diagnostic Products	53.20	857,317
	Needles/Syringes/Lancets	18.12	476,945
	Clinical Nutritional Products	8.31	51,540
	Urinary Requisites	3.12	19,628
	Nutritional/Ancillary Devices	0.40	1,666
	Ostomy Requisites	0.23	3,376
	Dressings	0.05	624
	Other Therapeutic Products	0.05	336
	Miscellaneous	2.53	86,372
	<b>Total</b>	<b>€283.09m</b>	<b>9,952,633</b>

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

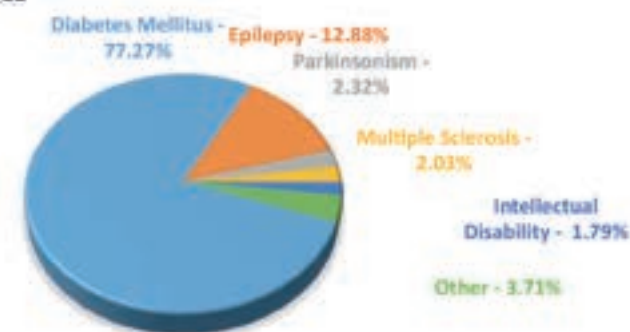


## LTI: Spend by Illness 2020

PERCENTAGE SPEND



PERCENTAGE NO. OF PEOPLE

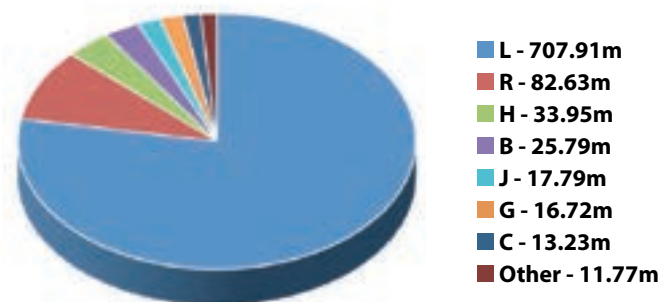


Long Term Illness	€m	No. of Persons Dispensed to
<b>A Intellectual Disability</b>	<b>4.60</b>	<b>3,421</b>
<b>B Hydrocephalus</b>	0.47	207
<b>C Cerebral Palsy</b>	1.85	897
<b>D Muscular Dystrophy</b>	0.23	209
<b>E Haemophilia</b>	0.02	50
<b>F Diabetes Mellitus (does not include Gestational Diabetes)</b>	<b>223.46</b>	<b>147,452</b>
<b>G Diabetes Insipidus</b>	0.31	257
<b>H Epilepsy</b>	<b>25.53</b>	<b>24,580</b>
<b>J Multiple Sclerosis</b>	<b>4.47</b>	<b>3,877</b>
<b>K Parkinsonism</b>	<b>7.66</b>	<b>4,433</b>
<b>L Cystic Fibrosis</b>	4.41	1,385
<b>M Phenylketonuria (PKU)</b>	<b>6.46</b>	<b>679</b>
<b>N Acute Leukaemia</b>	0.41	384
<b>P Mental Illness (Under 16 years)</b>	1.16	2,323
<b>Q Spina Bifida</b>	2.05	672
<b>R Thalidomide Conditions</b>	0.00	3
<b>Total</b>	<b>€283.09m</b>	<b>190,829</b>

Note: Based on data available from claims submitted by pharmacies.

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

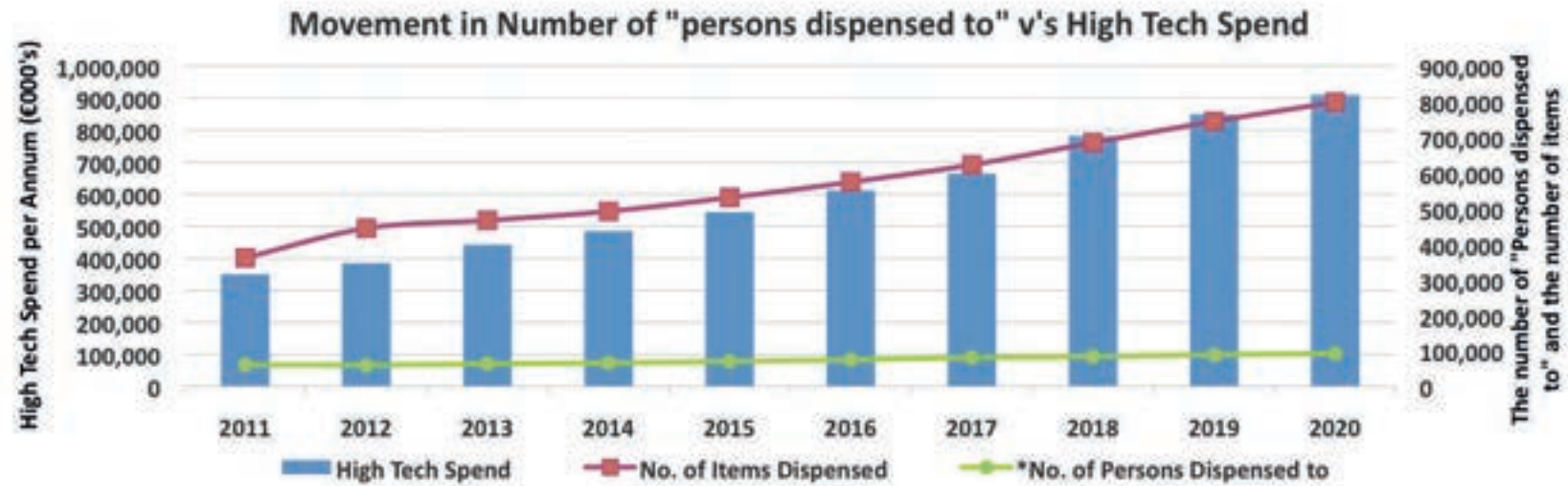
### National 2020



Major Therapeutic Classification		€m	Prescribing frequency
<b>A</b>	Alimentary Tract and Metabolism	3.20	1,122
<b>B</b>	<b>Blood and Blood Forming Organs</b>	<b>25.79</b>	<b>38,241</b>
<b>C</b>	<b>Cardiovascular System</b>	<b>13.23</b>	<b>12,269</b>
<b>G</b>	<b>Genito Urinary System and Sex Hormones</b>	<b>16.72</b>	<b>22,236</b>
<b>H</b>	<b>Systemic Hormonal Preps. excl. Sex Hormones and Insulins</b>	<b>33.95</b>	<b>60,427</b>
<b>J</b>	<b>Antiinfectives for Systemic Use</b>	<b>17.79</b>	<b>18,882</b>
<b>L</b>	<b>Antineoplastic and Immunomodulating Agents</b>	<b>707.91</b>	<b>615,223</b>
<b>M</b>	Musculo-Skeletal System	4.18	6,784
<b>N</b>	Nervous System	2.08	4,495
<b>R</b>	<b>Respiratory System</b>	<b>82.63</b>	<b>16,398</b>
<b>V</b>	Various (below)	2.31	2,360
	Other Therapeutic Products	2.31	2,360
	<b>Total</b>	<b>€909.79m</b>	<b>798,437</b>

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

## High Tech Trends 2011 - 2020



The graph illustrates how the increase in the number of people dispensed to has impacted on the High Tech spend over a 10 year period 2011 - 2020.

Year	High Tech Spend	No. of Items Dispensed	*No. of Persons Dispensed to
2011	€350,181,003	361,419	60,888
2012	€385,035,723	443,981	59,276
2013	€442,271,580	466,485	63,701
2014	€484,706,257	491,678	66,264
2015	€544,185,172	530,368	70,321
2016	€611,737,633	573,867	74,877
2017	€664,215,525	622,596	81,580
2018	€781,234,364	684,582	84,109
2019	€849,224,988	744,377	88,748
2020	€909,793,962	798,437	92,693

\* 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 2020

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

## Payments to Dentists: Claims Reimbursed 2020

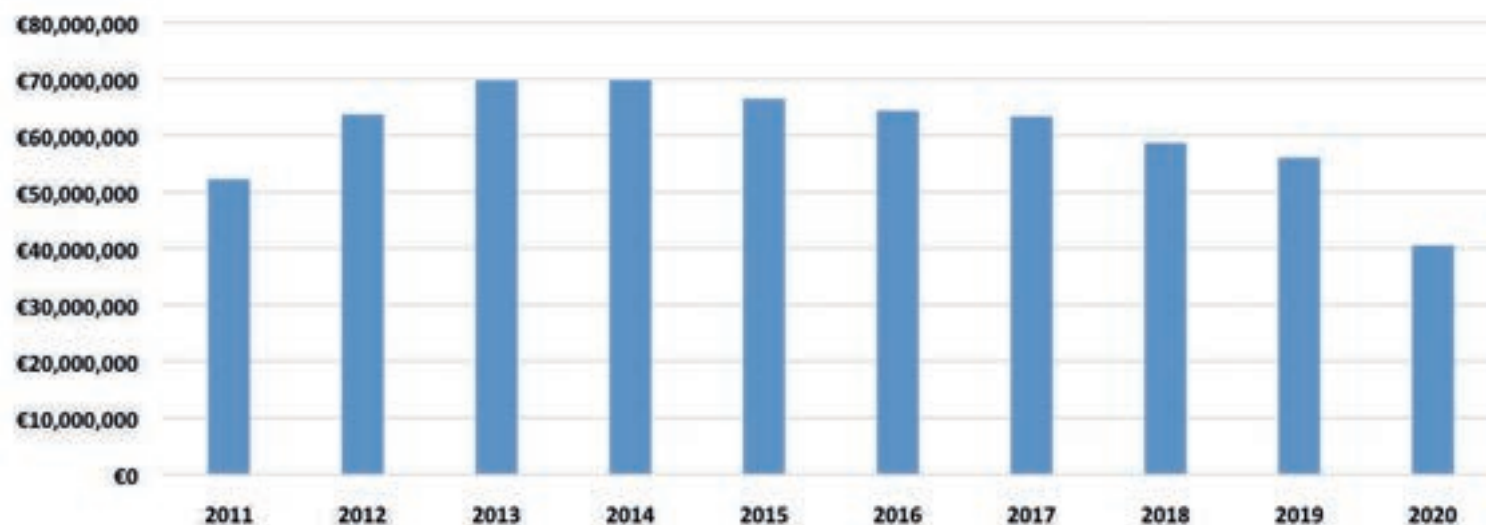
Above the Line €30.25m	Below the Line €10.30m
<p>Dentists were reimbursed a total of €40.55m in 2020, in respect of treatments provided for 282,796 GMS persons under the DTS Scheme.</p> <p>The following treatments were available to all GMS eligible persons.</p> <p><b>ROUTINE:</b> Routine treatments are categorised as either 'Above the Line' or 'Below the Line';</p> <p>'Above the Line' treatments are uncomplicated procedures e.g. Amalgam (Filling); Extractions;</p> <p>'Below the Line' treatments are advanced procedures e.g. Protracted Periodontal; Prosthetics.</p>	<p>'Below the Line' treatments - prior Health Service Executive approval for a specific course of treatment under this category is required. Full denture treatment is available, with prior Health Service Executive approval, to all eligible GMS persons over 16 years.</p>

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

Community Healthcare Organisation	2020
CHO Area 1	€4,815,481
CHO Area 2	€4,005,697
CHO Area 3	€3,551,819
CHO Area 4	€6,510,523
CHO Area 5	€5,771,802
CHO Area 6	€1,858,115
CHO Area 7	€4,566,654
CHO Area 8	€5,490,302
CHO Area 9	€3,978,770
<b>National</b>	<b>€40,549,163</b>

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

## Payments to Dentists: Claims Reimbursed 2011 - 2020



Year	Payments to Dentists
2011	€52,260,023
2012	€63,717,122
2013	€69,749,991
2014	€69,782,332
2015	€66,505,516
2016	€64,393,261
2017	€63,369,808
2018	€58,680,201
2019	€56,075,566
2020	€40,549,163

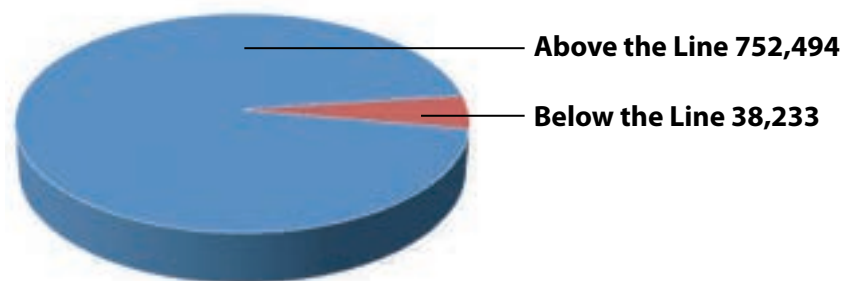
Note: (i) Figures include reimbursed fees in respect of Health (Amendment) Act 1996 claims.

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



## Number of Dental Treatments Claimed 2020

### National – Number of Treatments Claimed 2020



### 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	82,975	5,048	31,619	€4,815,481
CHO Area 2	79,752	3,223	31,594	€4,005,697
CHO Area 3	68,486	3,089	25,055	€3,551,819
CHO Area 4	123,499	5,835	46,106	€6,510,523
CHO Area 5	107,271	6,117	38,930	€5,771,802
CHO Area 6	34,446	1,533	13,239	€1,858,115
CHO Area 7	83,744	4,258	32,205	€4,566,654
CHO Area 8	101,390	5,291	38,790	€5,490,302
CHO Area 9	70,931	3,839	25,258	€3,978,770
<b>National</b>	<b>752,494</b>	<b>38,233</b>	<b>282,796</b>	<b>€40,549,163</b>

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

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

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

*\* The most frequently used ATL service was Oral Examination, which was used by 249,568 patients followed by Amalgam Restoration.*

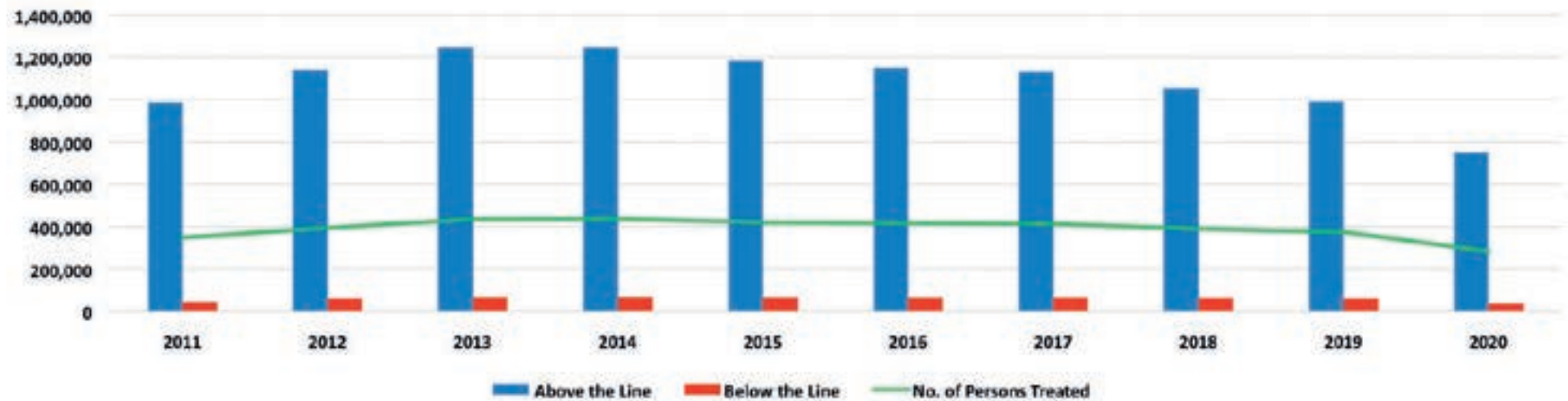
*\*\* In the BTL category the most frequently used service was Prosthetics followed by Protracted Periodontal and Endodontics.*

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

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

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

## Number of Dental Treatments Claimed 2011 - 2020



Year	Above the Line	Below the Line	No. of Persons Treated
2011	986,334	43,698	347,773
2012	1,138,977	59,147	394,399
2013	1,245,215	65,558	435,292
2014	1,245,135	67,248	436,433
2015	1,186,342	64,583	420,459
2016	1,151,562	63,480	416,662
2017	1,131,347	63,383	413,111
2018	1,053,116	60,658	389,791
2019	990,169	59,124	374,408
2020	752,494	38,233	282,796

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



# OPTICAL SECTION

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

As at 31st December 2020	€	As at 31st December 2020	€
<b>Examinations</b>		<b>Single Vision Lenses to Non-Standard Frame</b>	
Eye Examination Ophthalmic Optician	22.51	Single Vision Lens (1) (Glass) Distance	23.49 (H)
Eye Examination Ophthalmologist / Ophthalmic Medical Practitioner	24.78	Single Vision Lenses (2) (Glass) Distance	47.00 (H)
Medical Eye Examination by Ophthalmologist	49.58	Single Vision Lens (1) (Glass) Reading	23.49 (H)
Eye Examination for Contact Lenses (Grant)	68.44 (H)	Single Vision Lenses (2) (Glass) Reading	47.00 (H)
Eye Examination Ophthalmic (Dilation)	45.03	Single Vision Lens (1) (Plastic) Distance	26.78 (H)
<b>Appliances</b>		Single Vision Lenses (2) (Plastic) Distance	53.55 (H)
<b>Single Vision Complete Appliances</b>		Single Vision Lens (1) (Plastic) Reading	26.78 (H)
Spectacles - Distance	41.98	Single Vision Lenses (2) (Plastic) Reading	53.55 (H)
Spectacles - Reading	41.98	<b>Additional Specification For Lenses To All Spectacle Types</b>	
Spectacles - Uncollected	29.26	Special grant towards additional specification for Lens (1)	81.54 (H)
Contact Lenses (Pair)	41.97	- applies to all spectacle types	
Contact Lenses Standard or Disposable per pair (Grant)	64.19 (H)	Special grant towards additional specification for Lenses (2)	163.08 (H)
Single Vision Spectacles - with Glass Lenses Distance	121.96 (H)	- applies to all spectacle types	
Single Vision Spectacles - with Glass Lenses Reading	121.96 (H)		
Single Vision Spectacles - with Plastic Lenses Distance	131.02 (H)		
Single Vision Spectacles - with Plastic Lenses Reading	131.02 (H)		
<b>Single Vision Lenses to Own Frame</b>			
Replacement Distance Lens (1) to own Frame	16.31		
Replacement Distance Lenses (2) to own Frame	32.63		
Replacement Reading Lens (1) to own Frame	16.31		
Replacement Reading Lenses (2) to own Frame	32.63		

**(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.

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

As at 31st December 2020	€	As at 31st December 2020	€
<b>Other Items - Single Vision</b>		<b>Bifocals</b>	
Lenticular Lens (1 Surface)	11.60	Spectacles Bifocal Complete	83.53
Lenticular Lenses (2 Surfaces)	23.20	Fused Bifocal Spectacles	162.72 (H)
Lenticular Lenses (3 Surfaces)	34.81	Varifocal Spectacles - Glass or Plastic	250.16 (H)
Lenticular Lenses (4 Surfaces)	46.41		
Tinted Lens (1)	7.41	<b>Bifocal Lenses</b>	
Tinted Lenses (2)	14.83	Replacement Bifocal Lens (1) to own Frame	37.14
Tinted Lenses (3)	22.24	Replacement Bifocal Lenses (2) to own Frame	74.27
Tinted Lenses (4)	29.66	Bifocal Lens (1) to Non-Standard Frames	47.80 (H)
Prism (1)	6.28	Bifocal Lenses (2) to Non-Standard Frames	95.61 (H)
Prisms (2)	12.55	Varifocal Lens (1) (Grant)	94.56 (H)
Prisms (3)	18.84	Varifocal Lenses (2) (Grant)	189.12 (H)
Prisms (4)	25.12		
Prisms (5)	31.40	<b>Other Items - Bifocals</b>	
Prisms (6)	37.67	Sphere over 6.00 and up to 9.00 extra charge (1) Lens	4.15
Prisms (7)	43.95	Sphere over 6.00 and up to 9.00 extra charge (2) Lenses	8.30
Prisms (8)	50.24	Sphere over 9.00 extra charge (1) Lens	9.22
Dioptric powers higher than 8.00 (1) Lens	6.15	Sphere over 9.00 extra charge (2) Lenses	18.44
Dioptric powers higher than 8.00 (2) Lenses	12.29	Tinted Lens (1)	8.18
Dioptric powers higher than 8.00 (3) Lenses	18.44	Tinted Lenses (2)	16.38
Dioptric powers higher than 8.00 (4) Lenses	24.59	Prism (1)	8.74
Anti-Reflective Coating on Plastic Lens (1)	18.08 (H)	Prisms (2)	17.46
Anti-Reflective Coating on Plastic Lenses (2)	36.15 (H)		
Dioptric powers higher than 6.00 (Plastic) (1) Lens	15.37	<b>Repairs</b>	
Dioptric powers higher than 6.00 (Plastic) (2) Lenses	30.73	Replacement Frame to own Lenses	12.16
Dioptric powers higher than 6.00 (Plastic) (3) Lenses	46.10	Replacement front to own Lenses	5.83
Dioptric powers higher than 6.00 (Plastic) (4) Lenses	61.47	Replacement Side (1) to own Frame	2.45
Plastic Lens (1) for children as prescribed	4.69	Replacement Sides (2) to own Frame	4.90
Plastic Lenses (2) for children as prescribed	9.37	Complete new Frames	90.60 (H)
Plastic Lens (1) Adult	4.54 (H)		
Plastic Lenses (2) Adult	9.08 (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 2020

Under the Health Service Executive Community Ophthalmic Services Scheme, Optometric/Ophthalmic services are provided to adult medical card holders, which include free eye examinations and necessary spectacles/appliances.

Payments in respect of spectacles provided under the Children's Scheme are also made by the Primary Care Reimbursement Service on behalf of the majority of Health Service Executive Areas.

Payments in respect of eye examinations and necessary spectacles/appliances are provided under the Teenager's Scheme for eligible medical card holders on behalf of certain Health Service Executive Areas.

In the 12-month period to the end of December 2020, claims were received on behalf of 241,128 GMS persons for 594,492 treatments costing €22,581,523.

Eye examinations by Optometrists/Ophthalmologists totalled 225,684; complete spectacles (distance, reading and bi-focals) and other appliances provided under the Scheme totalled 368,808.

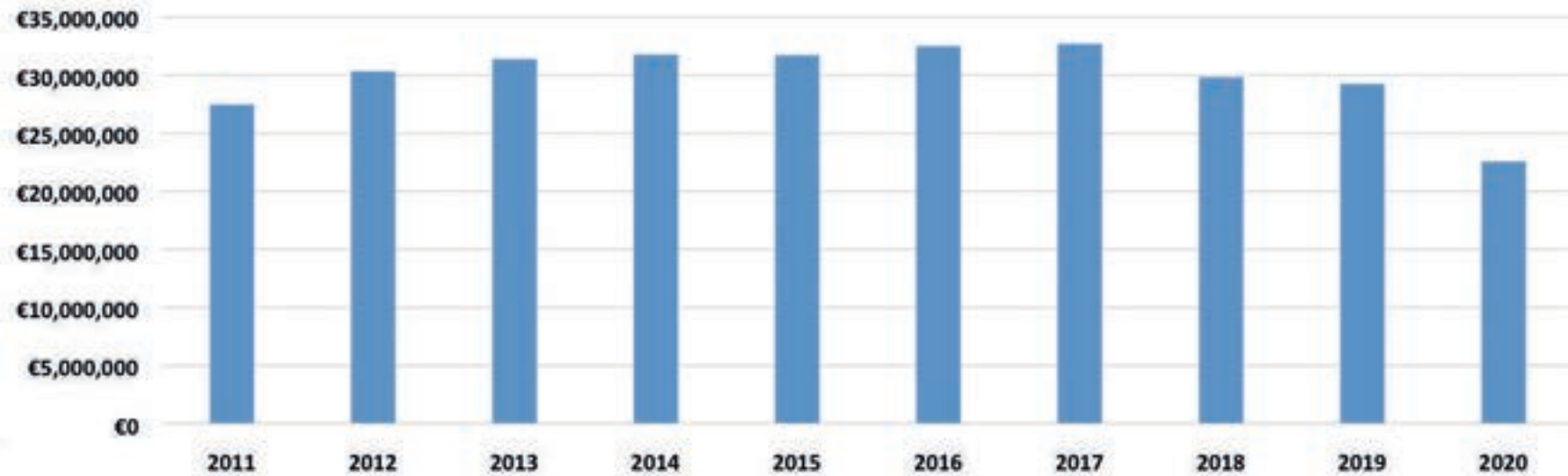
### Payments to Optometrists/Ophthalmologists: Claims Reimbursed in each CHO

Community Healthcare Organisation	2020
CHO Area 1	€2,414,871
CHO Area 2	€2,440,861
CHO Area 3	€2,007,394
CHO Area 4	€3,311,561
CHO Area 5	€3,413,996
CHO Area 6	€1,264,240
CHO Area 7	€2,742,520
CHO Area 8	€2,960,377
CHO Area 9	€2,025,703
<b>National</b>	<b>€22,581,523</b>

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

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

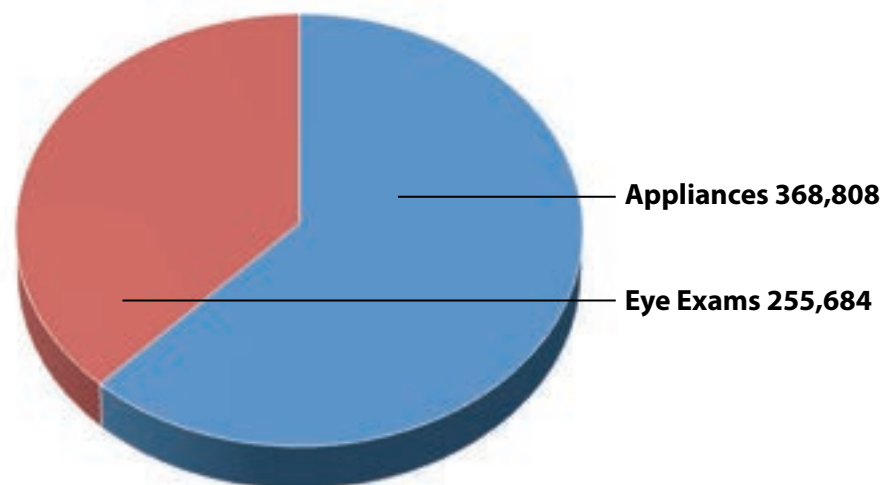
## Payments to Optometrists/Ophthalmologists: Claims Reimbursed 2011 - 2020



Year	Payments to Optometrists/Ophthalmologists
2011	€27,478,109
2012	€30,355,035
2013	€31,400,553
2014	€31,787,039
2015	€31,743,068
2016	€32,508,917
2017	€32,706,469
2018	€29,832,040
2019	€29,261,845
2020	€22,581,523

## Number of Treatments by Optometrists/Ophthalmologists

### National Number of Treatments 2020



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

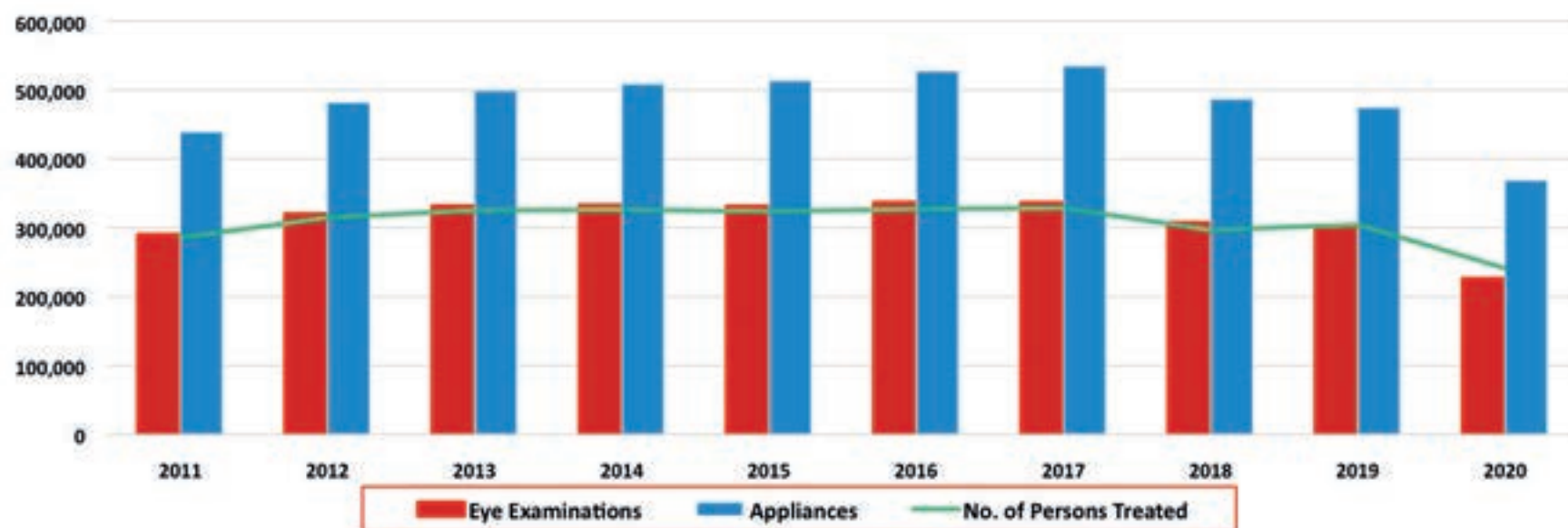
Community Healthcare Organisation	Eye Examinations	Appliances	No. of Persons Treated	Value of Reimbursements
CHO Area 1	24,747	39,647	27,303	€2,414,871
CHO Area 2	22,552	42,909	26,534	€2,440,861
CHO Area 3	19,626	34,977	22,052	€2,007,394
CHO Area 4	35,029	52,661	34,274	€3,311,561
CHO Area 5	32,525	61,963	37,776	€3,413,996
CHO Area 6	14,692	14,922	12,672	€1,264,240
CHO Area 7	27,525	41,286	28,421	€2,742,520
CHO Area 8	27,224	52,475	31,185	€2,960,377
CHO Area 9	21,764	27,968	20,911	€2,025,703
<b>National</b>	<b>225,684</b>	<b>368,808</b>	<b>241,128</b>	<b>€22,581,523</b>

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

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



## Number of Treatments by Optometrists/Ophthalmologists 2011 - 2020



Year	Eye Examinations	Appliances	No. of Persons Treated	Value of Reimbursements
2011	289,570	438,879	285,428	€27,478,109
2012	319,354	481,672	314,750	€30,355,035
2013	330,995	498,872	325,317	€31,400,553
2014	332,142	508,469	326,249	€31,787,039
2015	330,691	513,460	323,866	€31,743,068
2016	336,108	527,239	327,169	€32,508,917
2017	335,756	534,781	328,630	€32,706,469
2018	306,577	486,787	296,662	€29,832,040
2019	301,847	474,185	304,515	€29,261,845
2020	225,684	368,808	241,128	€22,581,523



## **Appendix**

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

### **PCRS Annual Reports**

Statistical Analysis of Claims and Payments 1998 - 2020

### **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

### **High Tech Reports**

#### **Dental Reports**

#### **Optical Reports**

#### **Contractor Reports**

#### **Annual Flu Reports**





