



Oifig an Straitéis Chúraim Phríomha agus an Phleanála  
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5<sup>th</sup> December, 2019.

Deputy O’Cuiv,  
Dáil Éireann,  
Leinster House,  
Dublin 2.

**PQ Ref; 47001/19: To ask the Minister for Health if his attention has been drawn to the large amount of official business carried out with general practitioners by post rather than by email; the estimated saving that would be made in the system if all of this was done electronically; the steps being taken to replace a paper approach by an electronic approach; and if he will make a statement on the matter. -Éamon Ó Cuív**

Dear Deputy O’Cuiv,

I refer to the above PQ received in our office for response. In the main, however the HSE Primary Care Eligibility Reimbursement Service communicate with General Practitioners online via the GP Application Suite. The Suite includes a full range of reports e.g. Monthly Detailed Payment Listings, Panel Listing, Benzodiazepine Reports, Prescribing Analysis, Access to Circulars etc.

There has been a continued roll out of HealthMail and the use of Healthlink for electronic transmission of structured messages to GPs such as laboratory generated diagnostic results and radiology related results under NIMIS, electronic referrals where GPs can now make referrals to secondary care services electronically - all of which reduce paper based communication to and from GPs.

A wide-ranging set of modernisation and reform measures, which will be rolled out over the next 4 years, has been agreed under the GP Agreement 2019 in the area of eHealth. Key initiatives include the rollout of electronic prescribing (ePrescribing) and the development of summary and shared care electronic patient records.

The Individual Health Identifier (IHI) will be utilised for all patients. Electronic summary care records will be developed for each patient – these records will be accessible to clinicians in other healthcare settings such as Emergency Departments and Out-of-Hours services, enabling them to provide better and safer care to patients. Shared Care Records will also be developed to make available an electronic longitudinal record of a patient’s care in different healthcare settings. Anonymised data from electronic records will be capable of use for management of the health system and for statistical and research purposes.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'G. Crowley'.

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**Geraldine Crowley,**  
Assistant National Director, Primary Care Strategy and Planning