12th December, 2017

Deputy Billy Kelleher
Dáil Éireann
Kildare Street
Dublin 2.

PQ 49907/17
* To ask the Minister for Health the way in which rates paid by the HSE to private addiction clinics are decided upon; the details of the decision process; and if he will make a statement on the matter.

Dear Deputy Kelleher,

The Health Service Executive has been requested to reply directly to your above Parliamentary Question which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position:

In terms of Opioid Substitution Treatment in the community, prescribing and dispensing is done by Doctors and Pharmacists for approved clients under the Methadone Treatment Scheme. Capitation fees payable to participating Doctors and Community Pharmacists and claims by pharmacies for the ingredient cost dispensed and the associated dispensing fees are processed and paid by the HSE’s Primary Care Reimbursement Service (PCRS). PCRS supports the delivery of primary healthcare by providing reimbursement services to primary care contractors for the provision of health services to members of the public in their own community. Almost all payments for publicly funded healthcare services provided in the community by General Practitioners, Community Pharmacies, Dentists and Optometrists/Ophthalmologists are made by the PCRS.

The HSE purchases additional residential treatment and rehabilitation episodes through a unit cost study. This is done by examining a service's continued viability and the cost of one treatment episode for each programme they provide for their clients. The study has been undertaken in 2011, 2015 and 2017 with residential services and has been used to inform the HSE in commissioning additional residential treatment and rehabilitation episodes.

Under section 39 of the Health Act 2004, the HSE may provide assistance to any person or body that provides or proposes to provide a similar or ancillary service. The HSE Framework for the Governance of Non-statutory Agencies provides for a set of standard documents to be used to formalise service arrangements with non-statutory agencies. The HSE is funded on an annual basis and funding with Agencies is agreed on an annual basis through the revision of schedules,
depending on available resources and service plan priorities. For section 39 documentation see

I trust this information is of assistance to you but should you have any further queries please contact me.

Yours sincerely,

[Signature]

Joseph Doyle
National Planning Specialist