National Medical Card Unit Strategic Plan 2016-2018
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Acknowledgements

The development of the Strategic Plan for the National Medical Card Unit involved a significant level of dedicated preparation, planning, analysis and support. I wish to acknowledge those who were involved in the engagement and consultation workshops and provided feedback, which informed the setting of the strategic priorities in this plan.

A public consultation process was undertaken on the draft Strategic Plan, between 21 March 2016 and 6 April 2016. More than 200 individuals and organisations made submissions, which provided valuable insight to the completion of the Strategic Plan.

Thank you also to those who provided administrative support in the gathering of data and completing documentation to support the strategic development process. With the determination and support of the managers and other colleagues within the National Medical Card Unit, I am confident that the implementation of the strategic priorities will position the National Medical Card Unit at the forefront of quality service delivery.

John Hennessy
National Director, Primary Care Division
Foreword

In 2014 the Health Service Executive (HSE) commissioned two independent examinations of policy and administrative arrangements in relation to the processing and assessment of eligibility for Medical Cards and GP Visit Cards. These separate reviews resulted in two reports being published in November 2014:

- Expert Panel on Medical Need for Medical Card Eligibility [Keane Report]

The Prospectus & Deloitte Report identified the need to develop this three-year strategy for the National Medical Card Unit. A key resource in developing this plan has been the Health Service Executive Corporate Plan 2015-2017. The Corporate Plan outlines how the HSE aims to provide a world-class health service, which is available to people where and when they need it and to provide people with the very best outcomes that can be achieved. The goals in the Corporate Plan have informed the development of the strategic priorities and objectives in this Strategic Plan.

Priority 1
Health and Wellbeing
Support the promotion of health and wellbeing throughout the HSE through increased proactive engagement with stakeholders.

Priority 2
Access to Health Services
Make it as easy as possible to apply for eligibility under the General Medical Services (GMS) scheme. Provide advice and support to those who need assistance with the application process.

Priority 3
Transparency and Accountability
Operate a consistent and transparent process for managing and assessing Medical Card and GP Visit Card applications, with clear accountability across the process.

Priority 4
Quality of Service
Develop our workforce to deliver the best quality service to the people who depend on them.

Priority 5
User Experience
Provide the best possible experience for our customers and stakeholders through enhanced communication and relationship management.

The implementation of these strategic priorities and objectives over the next three years will provide a first-class, quality-assured service. Customers of the National Medical Card Unit can be confident that their applications for Medical Card or GP Visit Card eligibility will be processed in a timely manner.

The eligibility assessment will be done in line with the Health Act 1970 (as amended) and the national assessment guidelines. The Unit will share the outcome of assessments with the customer in a clear and unambiguous manner. It will also inform the customer of how to apply for a reassessment and their right to appeal, where appropriate.
1. About this strategic plan

The National Medical Card Unit was established in 2011 to manage the processing of Medical Card and GP Visit Card applications at a national level. The objectives of centralising the service were to:

- provide a single, uniform system for Medical Card applications and renewals, replacing the different systems previously used in the local health offices,
- improve customer services,
- implement process improvements, resulting in more efficient processing,
- reduce the number of staff needed to process applications and renewals, and
- provide a more accountable and better managed Medical Card processing service.

The National Medical Card Unit is part of the Primary Care Reimbursement Service (PCRS) – a service responsible for making payments to healthcare professionals for the service they provide to the public. The Unit’s values\(^1\) are:

\(^1\) These values reflect those in the HSE Corporate Plan 2015-2017

The National Medical Card Unit represents these values in the following ways:

**Care**: We listen to the views and opinions of our customers and our workforce in order to plan and deliver service of the highest quality.

**Compassion**: We show respect, kindness, consideration and empathy in our communication and interaction with customers. We are courteous and open in our communication with customers.

**Trust**: We provide services in which customers have trust and confidence. We are open and transparent in how we provide these services and we will show honesty, integrity and consistency in decisions and actions.

**Learning**: We foster learning, innovation and creativity, supporting and encouraging our workforce to achieve its full potential. We acknowledge when something is wrong, apologise, take corrective action and learn from any mistakes.
2. Strategic context

Over two million people have cards issued under the General Medical Services (GMS) scheme. In 2015 the National Medical Card Unit processed 107,000 new applications and 92,000 full reviews for Medical Card/GP Visit Card eligibility. The National Medical Card Unit also processed over 195,000 self-assessment reviews for eligibility.

Factors influencing activity levels of the Unit

The following external factors influence the activity levels of the National Medical Card Unit and were considered in developing this plan:

- policy changes
- the health profile of the nation
- population trends
- economic growth
- changes to the Medical Card eligibility criteria
- establishment of Strategic Clinical Advisory Group.

We also analysed the unit itself in terms of its strengths, weaknesses, opportunities and threats.

Policy changes

In 2015 the HSE launched the scheme for Free GP Care for under 6s and over 70s, which is managed by the National Medical Card Unit.

At the time of the launch, 270,000 children under six years were eligible to register. Within six months, 210,000 children (80%) were registered.

Current government policy is to extend Free GP Care to children under 12 years. The National Medical Card Unit will likely see a similar uptake of children registered if the Free GP Care scheme is extended.

Health profile of the nation

The HSE Corporate Plan 2015-2017 sets out the current and future health status of the population in summary form as follows:

- Cancer: Each year, cancer will rise by 4% – 36,000 new cases a year.
- Chronic disease: Each year, chronic disease will rise by 4%.
- Obesity: 3 in 5 adults are overweight and 1 in 5 children are overweight.
- Lung disease and smoking: 500,000 people are living with a serious lung disease and almost 20% of the population smoke.

Population trends

Over the past decade, there was a continued growth in the number of Medical Card and GP Visit Card holders in Ireland. Between 2004 and 2015, the number of people with Medical Cards and GP Visit Cards rose from 1.14 million to 2.17 million – an increase of 90% in 12 years. The following graph shows this trend as a percentage of overall population.

Figure 1: Volume of Medical Card and GP Visit Card holders in Ireland as a % of overall population
By 2026 the number of people over 65 is expected to increase to 909,000, whilst the number of people over 85 is expected to double, reaching 104,000. For under 14s the population is predicted to grow to 1,114,000 by 2026, up from 957,000 in 2011.

Economic growth
Decreasing unemployment and economic growth are also important external factors that will influence the activity levels of the Unit.

Changes to the Medical Card eligibility criteria
The planned review of eligibility thresholds and retention rules for Medical Card will help to make the system more efficient and effective.

Changes to the criteria for Medical Card eligibility have been made for children under 18 years with a cancer diagnosis.

Establishment of Strategic Clinical Advisory Group
Following the report of the Expert Panel on Medical Need for Medical Card Eligibility [Keane Report]:

▶ a Strategic Clinical Advisory Group has been established to improve governance and improvements in measuring how disease or ill health affects peoples’ lives (‘burden of illness’), and

▶ The Clinical Advisory Group is likely to recommend further improvements to the eligibility assessment process.

It is neither feasible nor desirable to list medical conditions in priority order for a Medical Card eligibility [Keane Report].
SWOT Analysis

The National Medical Card Unit faces continuous challenges in delivering and improving the services it provides. In planning to meet customers’ needs, we analysed what the Unit is doing well and critically assessed opportunities for improvement. We used a strengths, weaknesses, opportunities and threats (SWOT) approach.

Strengths
- A single, uniform system for Medical Card applications and renewal assessments
- A dedicated contact centre available to customers
- Largest reliable database of customers participating in primary care schemes
- Data exchange agreements with government departments that reduce the need for customers to repeatedly provide the same information
- Application assessment finalised within 15 working days (once a fully completed application is submitted with the required supporting documents)

Weaknesses
- Manual processing involving large volumes of paper
- Limited access for customers to speak with a Deciding Officer
- Public and political criticism of the Medical Card application process
- Customer confusion and misunderstanding about the eligibility assessment process

Opportunities
- Enhanced interaction with government departments and agencies
- Improved customer relationships and reputation
- Improved communications and relationships with other government bodies to support potential applications
- Better use of technology to support easy access to the National Medical Card Unit

Threats
- Fraudulent data submitted by applicants seeking eligibility
- Customer belief that having a political representative advocate on their behalf results in the customer being granted a Medical Card
- Negative reputational impact arising from data management issues
- Requirement to respond in a timely manner to changes in government policy

This strategic context and analysis of the Unit set the background for our plan. The next two sections of this plan set out the vision and mission of the National Medical Card Unit, and its priorities and objectives respectively.
3. Vision and Mission

National Medical Card Unit

Vision
To be an excellent and responsive public service

Mission
To deliver a first-class service in a consistent, transparent and compassionate way to everyone that engages with the service
4. Priorities and objectives

The five strategic priorities for the National Medical Card Unit are closely aligned with the goals outlined in the Health Service Executive Corporate Plan 2015-2017. The following sections outline the specific actions to be implemented under each of the National Medical Card Unit’s five strategic priorities over 2016-2018 inclusive. All five strategic priorities are of equal importance.

What the National Medical Card Unit will do:

Engage

- Review and refine awareness programmes to ensure messages about eligibility under the Medical Card scheme are clearly delivered.
- Ensure that there is a structured engagement schedule with the wider healthcare system, enabling effective inclusion in debates around health and wellbeing.

Contribute to national policy

- Be more proactive in contributing to national debate on health and wellbeing and to any areas where changes in policy are proposed.
- Extend our services as agreed at HSE corporate level or as a result of policy changes by the Government.

Research and communicate clearly

- Continue to work with general practitioners (GPs) to develop and collate data on the management of chronic conditions, including diabetes and asthma.
- Develop appropriate ways to communicate the findings from this data.
- Engage with relevant third parties to support them in their activities to improve health and wellbeing.
- Provide data from our customer database, within the parameters of data protection, to support other sectors of the Health Service Executive and the Government, as part of the Healthy Ireland Strategy.
- Source data from other government agencies such as the Department of Social Protection and the Revenue Commissioners, to define the right level of support for Medical Card customers.

Priority 1
Health and Wellbeing

Support the promotion of health and wellbeing throughout the HSE through increased proactive engagement with stakeholders.
What the National Medical Card Unit will do:

**Simplify the application process**
- Simplify the Medical Card application forms and make them more user friendly.
- Clearly outline the range of supporting documents needed for a comprehensive and speedy assessment of eligibility.

**Provide clear and concise communications**
- Review all correspondence and supporting documents for customers, with an emphasis on the use of plain English.
- Revise the Medical Card and GP Visit Card content on the HSE website, ensuring it is the primary source of clear information and advice on the General Medical Services (GMS) scheme.

**Develop the online application process**
- Develop a web-based, paperless Medical Card application process to reduce the number of paper-based application forms.
- Develop a digital solution that is clear, concise and user friendly, complete with interactive customer support.
- Develop personalised responses for each application to minimise requests for information – making the process as efficient as possible.

**Support access**
- Work with colleagues in the Community Health Organisations (CHO), the Acute Hospital Division and the voluntary and community sectors to support customers with access challenges.
- Integrate the Long Term Illness (LTI) Scheme and Drugs Payment Scheme (DPS) into the Medical Card application process.

**Standardise**
- Continue to implement a standardised process so that our customers get a consistent and transparent service.
- Design and implement a Common Operating Model across the service to ensure that there is a streamlined approach across all levels of the Unit.

**Automate**
- Maximise the use of document scanning to enable transparent and accountable tracking of all documents.
- Continue to automate Medical Card processes and workflows, with an adequate reporting suite that enables effective tracking against set key performance indicators.

**Perform better**
- Establish key performance indicators for staff at all levels to ensure accountability and continuous service improvement.
- Establish cycles of service performance reviews and report regularly to the HSE Leadership Team.

**Continuously improve**
- Develop and implement plans for continuous service improvement in line with internationally recognised quality standards.
- Benchmark the National Medical Card Unit’s services and achievements against similar-sized organisations.
What the National Medical Card Unit will do:

**Optimise our workforce**
- Develop high quality workforce planning to meet our customers’ needs.
- Work to the recommendations of the national HR workforce strategy to develop methods of effective staff development.
- Develop workforce analytics and planning capabilities; ensure staff have an up-to-date knowledge of the service and share good practice.

**Lead and engage**
- Review governance and managerial arrangements to ensure that they are enabling, inclusive, empowering and appropriate.
- Develop a comprehensive leadership and management competency framework, enabling our workforce to measure and improve according to that framework.
- Foster a culture of greater management visibility and support for customers, staff and other stakeholders across the wider healthcare environment.
- Improve work-life balance for our staff, develop a staff recognition system and promote the benefits of diversity across our system.

**Develop learning capacity**
- Prepare a learning and development plan for each staff member and develop a learning needs analysis system to inform our future delivery of services.
- Implement risk management and mitigation through the use of mandatory training.
- Develop new training initiatives to meet identified needs.
- Ensure that learning is valued and shared by staff and that its impact is measured.

**Involve customers**
- Improve engagement with customers, their families and advocates by involving them in the design and delivery of our service.
- Involve representatives of the general public in any major issues, particularly ethical and social issues, affecting the functions of the National Medical Card Unit.

**Improve customer service and communication**
- Support customers to apply for cards by providing clear and comprehensive advice and information.
- Build open, respectful and trusting professional relationships with our customers.
- Develop and publicise a customer service charter for customers and other stakeholders of the National Medical Card Unit.

**Improve customer feedback opportunities and response**
- Enhance opportunities for customers to give feedback on their interactions with the National Medical Card Unit.
- Ensure that the voice of the customer is central to service improvement initiatives.
- Establish a process to ensure service deficiencies are effectively investigated and managed – this includes acknowledging the customer for identifying inadequacies.
5. Conclusion

This Strategic Plan outlines a range of actions across five strategic priorities for delivery in the National Medical Card Unit over the next three years. The delivery of these strategic priorities will enhance the effectiveness and efficiency of the National Medical Card Unit, enabling it to meet the needs of our customers and to address ongoing challenges. Work plans will be developed for each strategic priority.

Deliver, measure and report

Implement, resource and govern

Develop work plans to deliver strategy between 2016 and 2018
## Appendix

### Individuals consulted in the development of this Strategic Plan:

<table>
<thead>
<tr>
<th>Department of Health</th>
<th>Minister for Health</th>
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<tbody>
<tr>
<td>Members of the Clinical Advisory Group</td>
<td>GP Representatives</td>
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<tr>
<td>Local Council Members</td>
<td>Members of the Houses of the Oireachtas</td>
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<tr>
<td>Voluntary Organisations and Advocacy Groups</td>
<td>900 Medical Card Holders</td>
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<tr>
<td>Representatives of Chief Officers from the Nine Community Health Organisations</td>
<td>Steering Group overseeing changes in the Primary Care Reimbursement Service (PCRS)</td>
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<td>Members of HSE Corporate Team</td>
<td>Management Team in National Medical Card Unit</td>
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### Reference material/inputs:

<table>
<thead>
<tr>
<th>Item</th>
<th>Source</th>
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<tbody>
<tr>
<td>General Medical Services (GMS) Scheme</td>
<td>HSE’s Annual Service Plan for 2015</td>
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<tr>
<td>Customer Satisfaction Survey of 900 Medical Card Holders</td>
<td>Undertaken Independently</td>
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### Topics covered during consultations:

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<th>Application Process</th>
<th>Automation</th>
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<td>Information and Communications</td>
<td>Profile of the General Medical Services Scheme</td>
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<td>Staffing and Resources</td>
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<td>Quality and Quality Processes</td>
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<tr>
<td>Local Involvement in the Medical Card Process</td>
<td>Public Profile and Relationships</td>
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