Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Primary Care Reimbursement Service Information and Administrative Arrangements for General Practitioners – V1.1

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Revision Chart

Revision Number	Date	Description
V01	Dec-20	Set - up
V02	Jan-25	Page 10 – updated medical card Page 11 – updated age and updated GP visit card Page 15 – updated DPS fee rate Page 18 – updated age for GP Care and Asthmatic patients Page 20 - added GP Agreement 2023 Page 24 – added Co Op agreements Page 28 – updated Virtual Clinic Page 28 – added new special services Page 40 – added enhance capacity to General Practice Page 41 – added new practice grant Page 41 – added Practice Support Subsidy during Maternity leave Page 52 – updated CDM Page 53 – updated MCDM Page 53 – updated OCF Page 54 & 55 – updated PP Page 55 – updated Vaccination Programme Page 56 – added Free Contraception Service

Revision Number	Date	Description
		Page 57 – added Social Deprivation Page 65 – added Paxlovid Page 66 – added Saxenda Page 66 – added Nilemdo Page 68 – added Foods for Special Medical Purposes (FSMPs) Page 70 – updated Withholding Tax Page 71 – added Taxes Consolidation Act, 1997

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1. HSE – Primary Care Reimbursement Service

The HSE Primary Care Reimbursement Service (PCRS) supports the delivery of a wide range of primary care services to the general public through over 6,600 primary care contractors (i.e. general practitioners, dentists, pharmacists, optometrists, dispensing opticians etc.) across a range of community health schemes. These schemes form the infrastructure through which the Irish health system delivers a significant proportion of primary care to the public.

PCRS spends €4bn funding the delivery of a wide range of practice care services to approximately 4.6 million persons through more than 6,600 primary care contractors across a range of 'demand let' national health schemes and arrangements.

The vast majority of primary care services to the general public in Ireland are delivered by over 6,600 primary care contractors through a range of community health schemes. The PCRS is responsible, through its reimbursement activities, for making payments to these primary care contractors for the services provided, according to the rules of the relevant schemes. PCRS also reimburses and makes payments to suppliers and pharmaceutical companies under the terms of other schemes.

PCRS also compiles statistics and trend analyses which are provided to other areas within the HSE, Government Departments and other interested parties.

PCRS provides additional services to the wider health service through the functions of the Corporate Pharmaceutical Unit (CPU), which is responsible for drug pricing, and through other activities such as PCRS's collaborative support to the Medicine Management Programme.

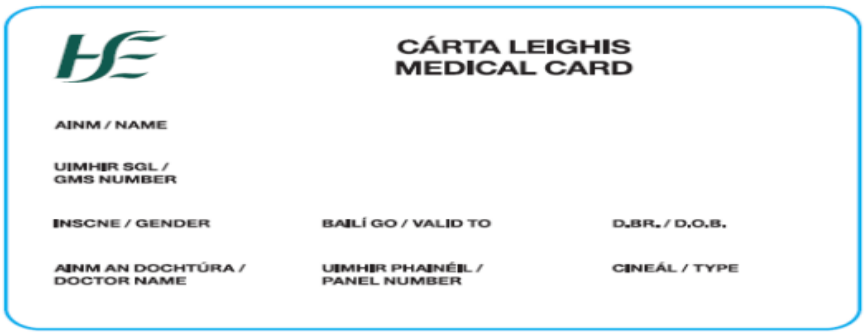
2. Eligibility under General Medical Services Scheme (GMS Scheme)

2.1 Who is entitled to a Medical Card?

Entitlement to a medical card is governed by legislation as provided for under Section 45 of the Health Act, 1970. Under this section, those fully eligible for a medical card include.

1. Applicants (and their dependants) whose assessable income is below the income threshold and comes within relevant Income Guidelines.
2. Applicants (and their dependants) whose assessable income is in excess of the Income Guidelines but where the HSE considers that to refuse a medical card would cause undue hardship.
3. The following applicants are exempt from a means test: -
    a. Persons with EU entitlement
    b. Persons with retention entitlement under Government Schemes
    c. Persons affected by the drug Thalidomide
    d. Persons affected by Symphysiotomy
    e. Persons under the Redress for Women Resident in Certain Institutions Act, 2015
    f. Those infected with Hepatitis C from Anti-D as per the Health (Amendment) Act 1996.
    g. Under 18 Oncology patients
    h. Domiciliary Care Allowance (DCA) recipients

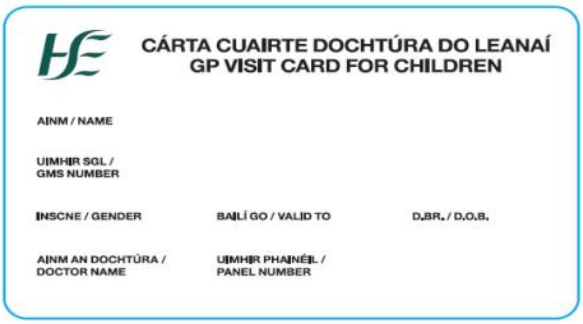
Once eligibility is confirmed, patients are entitled to receive certain Doctor, Dentist, Clinical Dental Technicians (CDT's), Optometrists or Ophthalmologists services and prescribed medicines from Pharmacists as set out under each scheme.

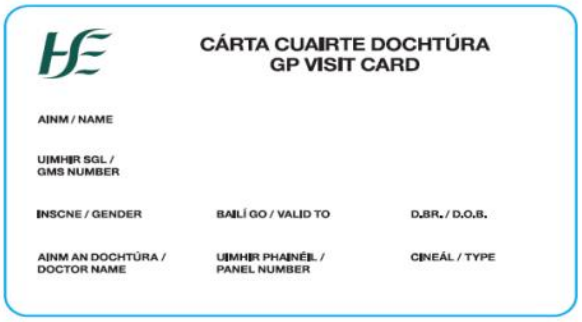


2.2 GP (General Practitioner) Visit Card

A person issued with a GP Visit Card registers with the doctor of their choice and is entitled to receive free doctor treatment. They are **not** entitled to treatment free of charge from a Dentist/Clinical Dental Technician/Optometrist or Ophthalmologist.

GP Visit Cardholders are **not** entitled to receive drugs, medicines and appliances under the GMS Scheme and should not therefore be issued with a GMS prescription form. Private prescriptions must be issued for this cohort.





2.2.1 GP Care for Persons under 8 years

As part of Universal GP Care, all persons under 8 years, with the exception of such persons who hold a valid medical card, shall be enabled to access GP services, free at the point of service.

2.2.2 GP Care for Persons aged 70 years and older

As part of Universal GP Care introduced 1st August 2015, all persons aged 70 years and older, with the exception of such persons who hold a valid medical card, shall be enabled to access GP services, free at the point of service, under the GP Visit Card Contract of 2005.

2.2.3 Carers' GP Visit Card

Persons in receipt of Carer's Benefit or Carers' Allowance (at full or half rate) are eligible to receive free GP Services.

2.3 Redress for Women Resident in Certain Institutions Act, 2015

The Government has provided in the Redress for Women Resident in Certain Institutions Act, 2015 for the making available without charge of certain health services to residents in the following institutions:

1) All residents in Magdalene Laundries
2) Similar laundries operated at St Mary's training centre, Stanhope Street, Dublin 7 and
3) The House of Mercy Training School, Summerhill, Wexford

All eligible persons will receive a Redress for Women Resident in Certain Institutions Act, 2015 services card from the Health Service Executive.

Eligible persons with this card will be entitled to receive general medical and surgical services from their General Practitioners of choice in respect of medical conditions. General Practitioners will be reimbursed on a capitation basis for these eligible persons. Also, in addition to capitation payments General Practitioners will receive other fees in accordance with his/her GMS Contract. Eligible persons are entitled to receive drugs, medicines, medical and surgical appliances free of charge prescribed by a Medical Practitioner once on a GMS prescription form.

2.4 Under 18 Oncology patient

Since 1st July 2015, children under 18 years who have a diagnosis of cancer are eligible for a medical card, without a means test, for a period of 5 years. This card applies to persons who are ordinarily resident in Ireland. 'Ordinary Resident' means that the person has been living in Ireland for at least one year or intends to live in Ireland for at least one year.

It was recognised that with this diagnosis a certain burden of care is placed on the family and a medical card should be issued in respect of the child for a period of five years from date of diagnosis.

The application form MC1(B) should be used to apply for medical card eligibility for these children. Whilst the income details of the child's parent or guardian do not need to be provided, the HSE does need a fully completed application form along with a medical report completed by the child's GP or Medical Consultant detailing diagnosis and date of diagnosis.

The application is referred to a Medical Officer for a recommendation. Once deemed medically eligible, a deciding officer approves eligibility for a period of five years from date of diagnosis.

General Practitioners will be reimbursed on a capitation basis for these eligible persons. Also, in addition to capitation payments General Practitioners will receive other fees in accordance with his/her GMS Contract. Eligible persons are entitled to receive drugs, medicines, medical and surgical appliances free of charge prescribed by a Medical Practitioner once on a GMS prescription form.

2.5 Domiciliary Care Allowance (DCA)

From 1st June 2017, under The Health (Amendment) Act 2017, all children under 16 years for whom a Domiciliary Care Allowance (DCA) is payable are eligible to receive a full medical card.

Parents or Guardians can complete an electronic registration through www.medicalcard.ie or if they do not have access to online services they can complete a Medical Card DCA Registration Form. These forms are available from:

1) HSE Health Region offices (see page 60)
2) Citizen Information Centres
3) 1890 252 919

Once eligibility is confirmed, patients are entitled to receive certain Doctor, Dentist, Clinical Dental Technicians (CDT's), Optometrists or Ophthalmologists treatments/services and prescribed medicines from Pharmacists as set out under each scheme. GPs will be reimbursed on a capitation basis for these patients.

2.6 Health (Amendment) Act, 1996 (HAA)

In the Health (Amendment) Act, 1996, the Government made available without charge certain public health services to certain persons who have contracted Hepatitis C directly or indirectly from the use of Human Immunoglobulin (Anti-D) or through 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 a HAA and a medical card. GP services, Pharmacy services, Dental services and Optometric/Ophthalmic services provided under the Act are reimbursed by the Primary Care Reimbursement Service. The HAA card is personal to the holder and does not cover family members. The card is valid for the holder's lifetime. It is important that General Practitioners write prescriptions on a private prescription form and not on GMS prescription claim form.

A person can apply to the HSE Hepatitis C National Office in Palmerstown who will process the application and arrange to issue a Health (Amendment) Act card. Each Community Health area has a Liaison Officer whose role is to ensure that persons with a HAA Card receive the services they are eligible for under the terms of the 1996 Act. These Liaison Officers are responsible for coordinating and assisting in accessing Primary Care services only. The designated Acute Hospitals have their own Hepatitis C Liaison Officers in the Hepatology Units.

Claims for payment of fees in respect of services provided to HAA card holders should be submitted to the PCRS in the usual manner. The patients HAA Card number should appear in the panel set aside for the Medical Card/GP Visit card number on the appropriate claim form.

2.7 European Economic Area (EEA) entitlements

European Regulation 883/04 gives entitlement to citizens of the European Union (EU) and of the European Economic Area (EEA) to health entitlement when they move to another EU/EEA state, either on a permanent basis, such as retirement or on a temporary basis, such as a holiday or seeking employment.

It should be noted that the eligibility of such persons is based on their linkage to the Social Security System of another EU/EEA state and not on their nationality. For persons moving on a permanent basis the linkage is established by the production of the relevant E form e.g. E106, E109, E121 or S form.

Such persons who are moving to Ireland on a permanent/long term basis should be advised to apply for a medical card under EU Regulations.

2.8 European Health Insurance Card (EHIC) entitlements

Such persons, who are visiting Ireland on a temporary basis, e.g. for holiday purposes, are entitled to receive, without charge, urgent medical care, including such approved medication which a GP may prescribe, which would allow them to remain in Ireland in line with their original planned schedule.

A person provides evidence of eligibility under these arrangements by producing a current European Health Insurance Card (EHIC).

Please note a European Health Insurance Card only provides entitlement to services when the holder of the card is travelling within the EU/EEA and outside of their own State. These arrangements do not cover persons who come to the country specifically for the purpose of obtaining medical treatment.

2.9 Reciprocal Arrangements with the UK

There is an existing arrangement between Ireland and the UK, and 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.

A resident of the UK must produce documentary evidence of such residence. Patients claiming UK residency can establish eligibility for free Doctor services under the GMS Scheme by producing documentary evidence of their entitlement to services in the UK in the form of a UK NHS Card, Social Security Payment from the UK or other link to the Social Security system. Should such proof not be readily available and where a GP has sight of a current passport or similar documents, which would establish bona fide residence in the UK, such documents may be accepted as evidence of eligibility.

If the GP has reason to believe that the person, while in possession of such documentation is, in fact, ordinarily resident in the State, the person should be

asked to have his/her eligibility confirmed by the National Medical Card Unit Lo call number 1890 252 919.

3. Persons with no eligibility under the GMS Scheme

3.1 Drugs Payment Scheme Card (DPS)

The Drugs Payment Scheme applies to persons who are ordinarily resident in Ireland and do not have medical card eligibility. 'Ordinarily resident' means that the person has been living in Ireland for at least one year or intends to live in Ireland for at least one year.

Under the DPS, an individual or family (spouse, children up to age 18 or up to age 23 if in fulltime education) has to pay no more than €80 in a calendar month for approved medicines and appliances. Persons wishing to avail of their entitlement must register either online at www.myDPS.ie using our dedicated online application facility or, by completing an application form and posting to:-

Drugs Payment Scheme
Client Registration Unit
PO Box 12966
Dublin 11
D11 XKF3

Eligible persons who have been registered will be issued with a Drugs Payment Scheme card that must be presented in order to benefit under the scheme when having prescriptions dispensed at a community pharmacy. Fees arising from GP consultations are a private matter between the DPS client and the GP.

3.2 Long Term Illness Scheme (LTI)

Patients with one of more of the following statutorily prescribed medical conditions may apply for eligibility under the LTI scheme:

- Acute Leukaemia
- Intellectual Disability*
- Cerebral Palsy
- Mental Illness (in a person under 16)
- Cystic Fibrosis
- Multiple Sclerosis
- Diabetes Insipidus
- Muscular Dystrophies
- Diabetes Mellitus
- Parkinsonism
- Epilepsy
- Phenylketonuria
- Haemophilia
- Spine Bifida
- Hydrocephalus

- Conditions arising from the use of Thalidomide
  *__Note__: Described as Mental Handicap in legislation

Eligibility for the LTI scheme is not means-tested.

The application form can be downloaded from the HSE website or obtained from the local health office. The completed form is sent to the PCRS by email (pcrs.applications@hse.ie) or posted to:

Long-Term Illness Scheme
Client Registration Unit
PO Box 12962
Dublin 11
D11 XKF3

To qualify, a person must be 'ordinarily resident' in the Republic of Ireland. This means that they are living here and intend to live here for at least on year. Medical Certification by GP or consultant is required on the LTI application form submitted to PCRS to confirm the diagnosis, including a list of prescribed medication(s) and appliance(s) required to treat the condition.

Eligible persons are entitled to obtain, without charge, approved medicines and/or appliances for their treatment of their approved long term illness. The Primary Care Reimbursement Service makes payments on behalf of the HSE to pharmacists for drugs or medicines supplied under the Scheme.

The LTI cardholder must pay for GP services if they do not hold a valid Medical card or GP Visit card eligibility.

Further information regarding LTI can also be accessed through www.hse.ie/lti or Lo call 0818 22 44 78.

4. Verifying Scheme Eligibility

Each eligible person is provided with an individual GMS/GPV card, which includes a ‘valid to’ date.

Each time a GMS cardholder attends for treatment under the GMS Scheme, the claiming doctor should satisfy themselves of the patient’s ongoing eligibility on that date, in the event that the person’s eligibility has been reviewed in the intervening period.

The following tools are available to assist contractors to verify a client’s eligibility prior to providing services:

- Under the ‘Online Services’ link at www.pcrs.ie, under the heading ‘Online Eligibility Confirmation’
- GP Suite under heading ‘Panel Management’, ‘Client Checker’
- GP Suite under heading ‘Panel Management’, ‘All listings’ and ‘Panel listings’
- SMS checker 087 909 7867 enter check followed by the medical card/GP Visit card number and patient code letter

5. Schemes reimbursed via Health Region

The following schemes are reimbursed through the Health Region’s.

1) Palliative Care
2) Primary Childhood Immunisation payment in certain areas.

6. GMS – Fees and Allowances

6.1 Capitation

HSE Primary Care Reimbursement Service reimburses GPs in line with contractual arrangements agreed with General Practitioners. These arrangements are that capitation fees shall be paid no later than the 15th day of each month. GPs are reimbursed on the basis of patients on their panel as at 1st of the month. Capitation payments are made in respect of a full month regardless of whether the patient moves to another GP within the month or loses eligibility in that month.

In order for capitation payment to continue for all eligible patients on a GP's panel, all patients must engage with the National Medical Card Unit once they receive any correspondence.

6.1.1 Supplementary Out of Hour payment

In order to encourage greater use of rosters and rotas, an annual supplementary out of hour payment of €3.64 per patient shall be reimbursed. This payment may be assigned by a GP to another Medical Practitioner participating in the GMS who undertakes, with the permission of the Health Region, to take care of his/her patients for all or part of the out of hour period.

6.1.2 GP Care for Under 8 years

GPs who take up the Under 6 contract will receive a standard annual capitation payment of €125 in respect of every child aged under 6 registered on their panel. This rate includes the provision, by the GP of two periodic wellness assessments at age 2 and 5. The enhanced capitation rate of €125 is superannuable. This enhanced rate includes the supplementary out of hour fee.

In 2023, GP Care was extended to children aged between 6 and 7 years (inclusive). The enhanced capitation rate of €100 is superannuable.

6.1.3 Care of Asthmatic Patients

GPs are entitled to further enhanced capitation for each child under 8 diagnosed with asthma on their panel and registered by the GP as such. In the first instance, the GP must register the patient as Asthmatic using the online browser. This will ensure the once off registration fee will issue. This registration fee is superannuable.

Following registration GPs will receive the monthly element of the agreed fee in the first year and the monthly element of the agreed feed in the subsequent years up to the child's 8th birthday. The enhanced capitation for the Asthma Cycle of Care is superannuable.

Description	Fee Rate
Initial Asthma diagnosis and registration after the Child patient reaches the age of two years	€50.00
Enhanced capitation in year one post registration (subject to submission of annual dataset return). Includes two visits, one at three months post registration and an annual review visit	€90.00
Enhanced capitation for each subsequent year up to and including the age of seven years (subject to submission of annual dataset return)	€45.00

6.1.4 Care of Patients with Type 2 Diabetes

GPs are entitled to further enhanced capitation for each patient from 18 years to under 75 years diagnosed with Type 2 Diabetes on their panel and registered by the GP as such. In the first instance, the GP must register the patient as Diabetic using the online browser. This will ensure the once off registration fee will issue. This registration fee is superannuable.

Following registration GPs will receive the monthly element of the agreed fee. The enhanced capitation for the Diabetes Cycle of Care is superannuable.

Description	Fee Rate
Initial Type 2 Diabetes diagnosis and registration after the patient reaches the age of eighteen years and older	€30.00
Enhanced capitation post registration (subject to submission of annual dataset return).	€100.00

6.1.5 GP Service Modernisation and Reform Measures

The Agreement encompassed 3 distinct strands as follows:

1. Service Modernisation and Reform Measures;
2. Service Developments – Chronic Disease Management and additional Special Items of Service;
3. Eligibility – (extension of eligibility to GP Care without fees will be the subject of further engagement between the Parties).

The full text of the Agreement can be viewed at https://www.hse.ie/eng/about/who/gmscontracts/2019agreement/. An Agreement Summary Document has also been posted to this web link for your information.

As a General Practitioner holding one or more of the Contracts with the HSE you are required to confirm in writing that you accept the new contractual terms and obligations arising from the Service Modernisation and Reform Measures in the

Agreement under your Contract(s) with the HSE. This is a pre-requirement to receive the new rates that come in to effect from the 1st July 2019 and all subsequent fee increases planned for 2020-2022.

The application of the subsequent fee variations provided for in the Agreement over the period 2020-22 will be conditional on the satisfactory and active co-operation and the participation of General Practitioner Contract(s) Holders in the implementation of the Service Modernisation and Reform Measures in accordance with the targets and timelines set out in the Agreement.

6.1.6 GP Agreement 2023

The Agreement encompasses 8 distinct strands as follows:

1. Extension of DVC eligibility to children aged between 6-7 years (inclusive) and individuals and their dependants whose income is at or below the median income;
2. Increased capitation rates in respect of children aged between 6 and 12 years (inclusive) and card holders aged between 13 and 69 years (inclusive);
3. Supports to enhance capacity of General Practice;
4. Out of Hours Services;
5. Provision of Contraception Services under GMS Contracts;
6. Rollout of Phase 3 of the Chronic Disease Management programme;
7. Operationalisation issues;
8. Initiatives to maintain GP Services in rural communities.

The full text of the Agreement can be viewed at https://www.hse.ie/eng/about/who/gmscontracts/GPagreement2023/.

In order to avail of the terms of this Agreement (including the fee rate increases) existing GMS GPs were required to submit and return to the HSE a completed and signed Notice of Participation form in respect of their participation in the provision of General Medical Services to patients who qualify for a DVC under the medial income provision and child patients age 6-7, in accordance with the terms of the GP Visit Card Contract, the Under 8 Contract and the relevant terms of this GP Agreement 2023.

6.2 Special Type Consultations and Out of Hour claims

6.2.1 Introduction

An eligible GP who holds a capitation or under 8 contract can claim any of the following STC types:

1) Emergency Treatment Fees
2) Temporary Resident
3) Out of Hour
4) EHIC Holder
5) Second Medical Opinion

An eligible GP who holds a fee per item contract can claim any of the following STC types:

1) Emergency Treatment Fees
2) Temporary Resident
3) EHIC Holder
4) Second Medical Opinion

Under contractual obligations all GPs are obliged to:

1) Engage in accurate and proper record keeping of the consultation undertaken for which a claim is made;
2) Ensure that all Special Type Consultation claim forms are fully and accurately completed. This includes a contemporaneous record of the time and date of the consultation, the service provided to the patient, together with the patient signature confirming the service was received;
3) Allow an audit of all original claims submitted on request to evidence third party verification;
4) Submit to the HSE when requested the fully completed Special Type Consultation forms
5) Retain all original, fully completed, Special Type Consultation claim forms securely for a period of no less than six years.

Claims presented for payment must be in accordance with rules set as detailed below

6.2.2 Clarification on the claiming of Emergency Treatment Fees

If a GMS (medical card or GP Visit card) client has an accident or requires an emergency consultation for urgent treatment and is unable to receive that treatment from his/her registered GP/Practice because it would be unsafe to wait to attend his/her own GP and/or impractical to access due to travel distance, he/she may attend another GP in the locality where he/she finds him/herself in need of services.

The reason for the consultation must be unforeseen, the patient's complaint should be urgent and requires immediate attention which necessitates a consultation being carried out directly or the patient's condition is such that it may be injurious to his/her health to wait to attend his/her registered GP. Under this provision a client cannot attend a GP routinely for emergency treatment.

When a client in a private nursing home has an accident and/or requires an emergency consultation for urgent treatment and is unable to receive that treatment from his/her registered GP/practice because it would be unsafe or impractical to access, another GP may provide a service and claim an emergency fee. Emergency fees cannot be routinely claimed for clients in nursing home care. Payments of emergency claims for clients in nursing homes should therefore be of an exceptional nature.

If an emergency occurs out of hour and the claiming GP is in a rota with the patient's doctor of choice, then an out of hour claim in accordance with the GMS Contract is applicable. If the claiming GP is not in a rota with the registered GP and

the client has not moved temporarily into the area, then an emergency fee is claimed

Emergency treatment claims should not be made in any or all of the following circumstances:

- The claiming GP is the registered GP/Doctor of choice; or
- The claiming GP is operating in the same practice or arrangement as the registered GP; or
- The claiming GP is through an arrangement providing services on behalf of the registered GP; or
- The claiming GP is operating in a rota with the registered GP; or
- The consultation is not in emergency circumstances; or
- The patient's condition does not necessitate an immediate consultation to be carried out and does not necessitate emergency treatment; or
- The consultation is routine in nature; or
- The client opts to attend a GP who is not his/her doctor of choice, even if the change of doctor process is pending; or
- The registered GP, (doctor of choice), or a doctor providing services, on behalf of the registered GP, is accessible and available to provide the consultation; or
- The claim is otherwise not in accordance with the claiming guidelines.

It is the obligation of the doctor to ensure that all appropriate claim forms are completed accurately and fully.

6.2.3 Clarification on the claiming of Temporary Resident

The payment of additional fees for temporary resident is to ensure that clients will have access to GMS services when they move temporarily and are staying in a different geographic area from their normal place of residence, making their registered GP inaccessible.

The duration of the GMS (medical card or GP visit card) clients stay should not exceed three months, the client should notify the HSE and change of doctor to a GP practicing in the new area in which he/she resides e.g. students. A client would therefore not attend a GP in their own locality as a Temporary Resident.

For clients in receipt of short term care in private nursing homes when the duration of stay is not expected to exceed three months and where the nursing home is outside of the area of the registered GPs, then a GP practising in the area of the nursing home may claim a temporary resident fee for service provision. This includes short term respite care.

Where a GP sees a temporary resident during an out of hour period, the fee payable is for a Temporary Resident if the claiming GP is not in a rota with the registered GP of choice.

Temporary Resident claims should not be made in any or all of the following circumstances:

- The claiming GP is the registered GP/Doctor of choice; or
- The claiming GP is operating in the same practice, arrangement or locality as the registered GP; or
- The claiming GP is through an arrangement providing services on behalf of the registered GP; or
- The claiming GP is operating on a rota arrangement with the registered GP; or
- The client is not temporarily resident outside of his/her own area and/or is living at his/her permanent address; or
- The client opts to attend a GP who is not his/her Doctor of Choice, even if the change of doctor process is pending; or
- The client has moved temporarily and his/her temporary residence is accessible to the registered GP; or
- The client is ordinarily resident in the location of the claiming doctor for a period in excess of three months; or
- The registered GP, (Choice of Doctor), or a doctor providing services on behalf of the registered GP, is accessible and available to provide the consultation; or
- The client is attending a GP, (not his/her registered doctor) under the Methadone Contract, or as part of another health programme; or
- The client is in a private nursing home and the nursing home is in his/her registered doctor's area or:

— the client is ordinarily resident there; or
— the client is in receipt of long term care; or
— the duration of stay is expected to be greater than three months; or
— the duration of stay has exceeded three months; or

- The claim is otherwise not in accordance with the claiming guidelines

It is the obligation of the doctor to ensure that all appropriate claim forms are completed accurately and fully.

6.2.4 Clarification on the claiming of Out of Hour claims

Out of hour claims may only be made in respect of appropriate out of hours' treatment given by the GP outside of the hours 9.00am to 5.00pm Monday to Friday and during all hours on Saturday's, Sunday's and bank holidays.

Please ensure that all claims submitted by you for out of hour services are strictly in accordance with the guidelines set out below. Claims that are not in accordance with the guidelines will not be reimbursed.

Out of hours claims many not be made in respect of consultations held during normal contracted surgery hours or consultations held during normal/routine surgery hours. Out of hours payments will only be made in circumstances where the patient consultation is unforeseen, non-routine and necessarily carried out out of hours and cannot be safely deferred until GP services are routinely available.
Notwithstanding the fact that a GP may have suitable alternative out of hours' arrangements an urgent and unforeseen consultation may be the subject of an out of hours claim if the service provided by that out of hours' service is not readily available and/or the patients complaint is such that he/she required immediate attention and it might be injurious to his/her health to wait to attend the out of hours' service.

Out of hours will not be paid in any or all of the following circumstances:

- The consultation is not urgent and/or is not unforeseen.
- The consultation takes place during an overflow clinic.
- The consultation takes place during normal contracted surgery hours.
- The consultation takes place during normal/routine surgery hours.
- The patient did not require urgent treatment directly by the GP concerned.
- No face to face out of hours' consultation actually took place.
- The consultation is otherwise routine.
- The time of the consultation was not during the specified out of hours' period.

The GP shall not be entitled to make a claim for out of hours in respect of consultations that are offered to a patient outside normal hours merely to facilitate the preference of the patient.

In March 2020, at the beginning of the pandemic, the HSE agreed with the GP Co Ops changes in the way they would be paid to deliver services in respect of GMS patients. Rather than provide payment on a fee-per-consultation basis, OOH services have since been paid a grant, based on 2019 levels of activity. Under Agreement 2023 the parties agreed that OOH Co Ops can revert to the pre-covid arrangements, that being the OOH STC rate for each in person consultation (treatment Centre based and Domiciliary), provided by the Co Ops, with effect from 1st September 2023. However, recognising that some OOH Co Ops have significantly revised their business arrangements during Covid, and wish with the agreement of their members to continue on the existing grant system, this will be facilitated by the HSE.

6.2.5 Clarification on the claiming of EHIC Holders

A resident of a State in the European Union or European Economic Area, on a temporary visit to Ireland and who has valid European Health Insurance Card (EHIC) from that State is entitled to receive necessary general medical services both GP and Pharmacy. In addition, Ireland has a reciprocal arrangement with the UK (see point 2.9), which entitles UK residents on a temporary visit to Ireland to receive necessary services on production of the specified documentation. Necessary service covers the treatment required to allow the visitor continue his/her temporary stay in Ireland and return home as previously planned.

The Health Service Executive (HSE), as the competent institution in Ireland for the provision of health services under EU Regulations 883/04 and 987/09, is required to recoup the costs of the provision of health services to EHIC holders, through the submission of detailed accounts to the relevant EU/EEA state.

In order to prepare these accounts, in line with the EU approved protocols, it is necessary to record the following information about the client at the point of service provision.

- State Identifier
- Clients Name
- Clients Date of Birth
- Clients Personal Identification Number

- Identification Number of the Competent Institution
- Identification Number of the EHIC
- EHIC Expiry Date
- Prescription Serial Number, if applicable

For claims to be deemed valid, and therefore reimbursable, the claiming GP must ensure that the above information is included in respect of each individual claim. The HSE will continue to monitor claim submission to verify their reasonableness and accuracy.

6.2.6 Clarification on the claiming of Second Medical Opinion

A fee is payable to a medical practitioner in full time general practice who visits and gives a second medical opinion in the case of a GMS (medical card or GP Visit card) client at the request of the client's medical practitioner. The consultation may take place at the home of the client or at his/her medical practitioner's surgery.

The medical practitioner claiming the fee shall not be in a partnership or arrangement (other than a rota arrangement) in public or private practice, with the doctor who sought his/her opinion. The claim should be countersigned by the medical practitioner who sought the second medical opinion.

6.3 Special Items of Service

6.3.1 Introduction

An eligible GP who holds a capitation or under 8 contract can enter into an agreement with Health Region to provide certain approved special services. The fee for any of the special items of service relates to an entire treatment and does not apply to the individual consultations relating to such treatment. Medical Card/ GP Visit Card holders or their insurers should not be charged for venesection or other special services claimed for under the GMS scheme. Once approved a GP can submit a Special Type Consultation claim for the following special services:

Special Service	Description of Special Service	Contract Type - Capitation	Contract Type – U8
A	Excisions/Cryotherapy/Diathermy of Skin Lesions	✓	✓
AB	Long Acting Reversible Contraceptive Device (LARC) for counselling, insertion and monitoring and GP possesses current LARC Certification (ICGP) or equivalent	✓	
AC	Removal of Long Acting Reversible Contraceptive Device (LARC)	✓	
AD****	24 hour Ambulatory Blood Pressure Monitoring for diagnosis and treatment of hypertension	✓	
B	Suturing of Cuts and Lacerations	✓	

Special Service	Description of Special Service	Contract Type - Capitation	Contract Type – U8
C	Draining of Hydroceles	✓	
D	Treatment and Plugging of Dental and Nasal Haemorrhages	✓	✓
F	ECG Test and their Interpretation	✓	
H*	Removal of Adherent Foreign Bodies from the Conjunctival Surface of the Eye	✓	✓
J**	Removal of Lodged or Impacted Foreign Bodies from the Ear, Nose and Throat	✓	
K***	Nebuliser Treatment in the case of Acute Asthmatic Attack	✓	
L	Bladder Catheterization	✓	
M	Attendance at Case Conference (in cases where such are convened by a DCC/MOH)	✓	✓
R	Pneumococcal Vaccine	✓	
S	Influenza Vaccine	✓	
T	Pneumococcal/Influenza Vaccine	✓	
U	Hepatitis B Vaccine	✓	
X	Removal of Lodged or Impacted Foreign Bodies from the Ear, Nose, Throat and Skin		✓
Y	Suturing of Cuts and Lacerations (including application of tissue glue)		✓
Z	Draining of Abscess		✓

*the fee for the removal of a foreign body from the eye applies to the removal of a foreign body adhering to the conjunctival surface and does not apply to the removal of a non-adherent foreign body

** the fee for the removal of a foreign body from the ear applies to the removal of a foreign body lodged or impacted in the ear and does not apply to the syringing of the ear for the removal of wax

*** the fee for nebuliser treatment applies in the case of acute asthmatic attack and does not apply in the case of nebuliser treatment provided as a regular routine e.g. in place of inhalers, or provided by other than the doctor e.g. self-administration by a patient having personal use of a nebuliser

**** the fee for the 24-hour Ambulatory Blood Pressure Monitoring for diagnosis and treatment of hypertension is a composite fee and cannot be accompanied by an Emergency/Out of Hour claim

Special Service	Description of Special Service	Contract Type - Fee Per Item
F	Suturing of Cuts and Lacerations	✓
G	Treatment and Plugging of Dental and Nasal Haemorrhages	✓
H	Draining of Hydroceles	✓
J	Recognised Vein Treatment	✓
K	Excisions/Cryotherapy/Diathermy of Skin Lesions	✓
M	ECG Test and their Interpretation	✓
N	Instruction in the fitting of a Diaphragm	✓
W	Nebuliser Treatment in the case of Acute Asthmatic Attack	✓
R	Pneumococcal Vaccine	✓
S	Influenza Vaccine	✓
T	Pneumococcal/Influenza Vaccine	✓
U	Hepatitis B Vaccine	✓

Under the terms of the Modernisation and Reform Measures the following additional special items of service were introduced in 1st January 2020 to GMS Capitation Contract holders who signed the agreement.

Special Service	Description of Special Service	Contract Type – GMS Capitation
AL	Provision of therapeutic phlebotomy for eligible patients with haemochromatosis	✓
AM	* GP participation in a HSE approved Virtual Heart Failure Clinic facilitated by a Consultant Cardiologist – fee per eligible patient with heart failure reviewed at virtual clinic	✓
AN	**In recognition of the onerous workload demands arising from their involvement in involuntary admissions under mental health legislation GPs will be able to claim a fee in respect of the examination of a person and making a recommendation for that person to be involuntarily admitted to an approved centre under Section 10 of the Mental Health Act 2001	✓

* in order to sign up to take part in the Virtual clinics, contact regina.black@hse.ie for the Heart Virtual Clinic – GP 'Opt In' form. When completed forward to pcrs.virtualclinics@hse.ie On receipt of same PCRS will assign the service against the

GPs GMS contract and advise contractor when completed. This service is reimbursed for patients who hold a valid medical or GP Visit card. When claims are processed PCRS will contact the relevant Consultant for approval. Approved claims will be reimbursed with the next payment due and listed accordingly on the monthly itemised listings.

** the claiming process for this special item of service has been detailed in circular NCO-14-2020 which included an Registered Medical Practitioner Claim Form. This form is completed by the GP and scanned to pcrs.gpadmissions@hse.ie. On receipt of same PCRS will contact the relevant designated Mental Health Administrative Office at the specified approved centre for approval. Approved application forms will be processed and reimbursed with the next payment due and listed accordingly on monthly itemised listings. The involuntary admission fee will not attract an Out of Hours fee. Claims for an examination of a person and making a recommendation for that person to be involuntarily admitted to an Approved Centre must be submitted within 30 days of providing the service.

Special Service	Description of Special Service	Contract Type – All contracts
AU	*Covid 19 Vaccine Shot 1	✓
AV	*Covid 19 Vaccine Shot 2	✓
AY	*Covid 19 Vaccine Additional Shot 1	✓
AZ	*Covid 19 Vaccine Booster Shot 1	✓

*GPs are reminded this is a composite fee and no other claims such as Out of Hours, Temporary Resident, Emergency or other Special Item of Service fee can be claimed in respect of the vaccination consultation.

Under the terms of GP Agreement 2023 the fees paid in respect of the insertion and removal of long-acting contraceptive devices will be increased so that they are aligned with the equivalent fee rates that apply under the Free Contraception Service. GPs may claim a single fee per annum in respect of an eligible woman between the ages of 31 and 44, inclusive, in respect of a consultation for the purposes of obtaining contraception. These measures will apply both to existing GMS/DVC holders and those who become newly eligible for a DVC under Agreement 2023.

Special Service	Description of Special Service	Contract Type – GMS Capitation
CL	Consultation provided to an eligible woman aged between 31-44 years (inclusive) for the purposes of obtaining a prescription for accessing relevant products.	✓
CM	Fitting by a Registered Medical Practitioner of a relevant product that	✓

Special Service	Description of Special Service	Contract Type – GMS Capitation
	is a Coil for an eligible woman aged over 30 years.	
CN	Removal by a Registered Medical Practitioner of a relevant product that is a Coil for an eligible woman aged over 30 years.	✓
CO	Fitting by a Registered Medical Practitioner of a relevant product that is a contraceptive implant for an eligible woman aged over 30 years.	✓
CQ	Removal by a Registered Medical Practitioner of a relevant product that is a contraceptive implant for an eligible woman aged over 30 years.	✓

6.3.2 Guidelines to submitting a special service as an Out of Hour claim

Special items of service should normally be provided during routine/normal surgery hours and provision of special items of service should not be scheduled for out of hours.

If, during the course of an appropriate out of hour's consultation it is identified that a patient urgently requires a special items of service which cannot be deferred until the next scheduled surgery then the GP may claim a fee for that special item of service in addition to the out of hour's fee provided that the service is on the agreed list of services which may be reimbursed in respect of out of hours.

The following special services may be provided during the course of Out of Hours consultations:

- Excisions
- Suturing of cuts and lacerations
- Treatment and plugging of dental and nasal haemorrhages
- Electrocardiography (ECG) tests and their interpretation
- Removal of adherent foreign bodies from the conjunctival surface is the eye
- Removal of lodged or impacted foreign bodies from the ear, nose and throat (not including syringing of the ear for wax)
- Nebuliser treatment in the case of acute asthmatic attack
- Bladder catheterization
- Attendance by GP at HSE convened case conference
- Vaccination - Hepatitis B

If the following services are provided out of hours a STC claim only can be made:

- Cryotherapy/diathermy of skin lesions
- Draining of hydroceles

- Long Acting Reversible Contraceptive Device (LARC) for counselling, insertion and monitoring and GP possesses current LARC Certification (ICGP) or equivalent
- Removal of Long Acting Reversible Contraceptive Device (LARC)
- Vaccination - Influenza, Pneumococcal

It is the obligation of the doctor to ensure that all appropriate claim forms are completed accurately and fully.

6.3.3 Guidelines to submitting a special service as a Temporary Resident claim

Provision of special type consultation for special items of service should be in accordance with clinical guidelines for the particular service

Special Type Consultation (STCs) for special items of service and vaccinations are generally claimed by the registered doctor/choice of doctor, with services provided during routine surgery hours. The following STCs for special items of service may be claimed in conjunction with claims for Temporary Residents.
The following special services which can be claimed with Temporary Resident claims

- Excision
- Cryotherapy/diathermy of skin lesions
- Suturing of cuts and lacerations
- Draining of hydroceles
- Treatment and plugging of dental and nasal haemorrhages
- Electrocardiography (ECG) tests and their interpretation. The fee payable will include the recording as well as interpretation of ECG tests
- Long Acting Reversible Contraceptive Device (LARC) for counselling, insertion and monitoring and GP possesses current LARC Certification (ICGP) or equivalent
- Removal of Long Acting Reversible Contraceptive Device (LARC)
- Removal of adherent foreign bodies from the conjunctival surface of the eye
- Removal of lodged or impacted foreign bodies from the ear, nose and throat (syringing of the ear for wax is not claimable)
- Nebuliser treatment in the case of acute asthmatic attack
- Bladder catheterization
- Attendance by GP at HSE convened case conference
- Vaccination - Influenza, Pneumococcal, Hepatitis B

It is the obligation of the doctor to ensure that all appropriate claim forms are completed accurately and fully.

6.3.4 Guidelines to submitting a special service as an Emergency claim

Provision of special type consultation for special items of service should be in accordance with clinical guidelines for the particular service

Special Type Consultation (STCs) for special items of service and vaccinations are generally claimed by the registered doctor/choice of doctor, with services provided during routine surgery hours. The following STCs for special items of service may be claimed in conjunction with claims for Emergency Treatment. The following special services which can be claimed with Emergency claims

- Excision
- Suturing of cuts and lacerations
- Treatment and plugging of dental and nasal haemorrhages
- Electrocardiography (ECG) tests and their interpretation. The fee payable will include the recording as well as interpretation of ECG tests
- Removal of adherent foreign bodies from the conjunctival surface of the eye
- Removal of lodged or impacted foreign bodies from the ear, nose and throat (syringing of the ear for wax is not claimable)
- Nebuliser treatment in the case of acute asthmatic attack
- Bladder catheterization
- Attendance by GP at HSE convened case conference
- Vaccination - Hepatitis B first shot only

The special item of service fee and not an emergency fee is claimable if the following services are provided during the course of a consultation:

- Cryotherapy/diathermy of skin lesions
- Draining of hydroceles
- Long Acting Reversible Contraceptive Device (LARC) for counselling, insertion and monitoring and GP must possess current LARC Certification (ICGP) or equivalent
- Removal of Long Acting Reversible Contraceptive Device (LARC)
- Vaccination- Influenza, Pneumococcal

It is the obligation of the doctor to ensure that all appropriate claim forms are completed accurately and fully.

6.4 Termination of Pregnancy Service

Termination of Pregnancy (ToP) services in the community setting were commenced by the HSE on the 1st January 2019.

6.4.1 Claiming Reimbursement

In order to claim payment for termination of pregnancy services the registered GP must submit online claims only to the HSE PCRS through the existing GP Application Suite. These services are available to those who hold full or limited eligibility and are ordinarily resident in the state. When claiming online input the patients' medical card number or GP Visit card number or PPSN should be inputted to verify established eligibility for a public service. Once relevant details have been captured you will be prompted to either save and print in order to capture third party

verification or alternatively STC/SS/OOH claim form can be signed and retained for audit purposes.

6.4.2 Termination of Pregnancy Information

The Clinical Guidelines and a Model of Care are available via the GP Application Suite under 'Information' tab.

6.5 Contribution towards the employment of locum expenses

6.5.1 Introduction

General Practitioner may apply for reimbursement in respect of contribution towards the employment of locum during leave periods. To avail of this contribution certain panel size requirements apply

Leave Type	**Panel Size**	**Reimbursement Locum fee rate**	**Reimbursement monthly capitation**
Annual	100 patients or more	✓	
Study	100 patients or more	✓	
Sick	100 patients to 699 patients		✓
Sick	700 patients or more	✓	
Maternity	100 patients to 499 patients		✓
Maternity	500 patients or more	✓	
Paternity	100 patients or more	✓	
Covid 19	100 patients to 499 patients		✓
Covid 19	500 patients or more	✓	
Attendance at meetings		✓	

6.5.2 Annual Leave

A medical practitioner shall be entitled to take a number of week's annual leave each year based on his/her average panel size. The maximum entitlement is five weeks or 35 days for those with a panel of 1500 patients or more and minimum being two weeks or 14 days for those with panels of 100 patients. A week shall cover seven days, Monday to Sunday inclusive, and shall form the basis for the calculation of the reimbursement in respect of leave periods of less than one week.

Annual leave entitlement shall not apply to GPs with panels of less than 100 patients and who do not hold a capitation contract.

The following provisions shall apply to the granting of leave:

- leave year runs 1st April to 31st March
- in a full leave year during the whole of which a medical practitioner participates in the scheme, he/she shall be entitled to the number of days' annual leave specified as appropriate to his/her panel size
- in a full leave year during part only of which a GP participated in the Scheme, he/she shall be entitled to a proportionately reduced number of day's annual leave.
- GP shall obtain the prior approval of the Health Region before taking annual leave.

GPs in receipt of Rural Practice Allowance/Rural Practice Support Framework attract full maximum annual leave entitlement applicable to a GP i.e. 35 days.

In situations where a Health Region signs a temporary contract with a GP, the contract being for greater than one month, annual leave entitlement shall be given on a pro-rata basis and related to the size of the panel being looked after.

In the case of partnerships or group practices annual leave entitlements shall be based on the individual GPs contract.

Should a GP be unable to obtain the services of a locum for periods of annual leave, the Health Region, on request, will arrange locum cover where possible. Such a request should normally be submitted to the Health Region at least four weeks prior to commencement of the leave period.

6.5.3 Study Leave

GPs participating under the GMS will be entitled to ten day's study leave with a panel of 100 patients or more. Leave may be taken on a half or single day basis, Monday to Sunday. The leave year runs 1st April to 31st March.

Study leave entitlement shall not apply to GPs with panels of less than 100 patients and who do not hold a capitation contract.

In order to have a claim for study leave processed, a participating GP shall submit a certificate of attendance to the relevant Health Region with an undertaking that the GP has taken full responsibility for the provision of locum cover

6.5.4 Sick Leave

Under the GMS contract a contribution to locum expenses is reimbursed in approved circumstances.

The appropriate contribution towards locum expenses up to a maximum of 92 calendar days on full pay, followed by a maximum of 91 calendar days, subject to a maximum of 183 calendar day's sick leave in a rolling four-year period.
In recognition of the fact that, sometimes, a longer period of sick leave can be required to address a very serious illness or serious physical injury. There is a provision for additional payments to apply for critical illness or serious physical injury in line with those which apply to the officers of the Health Service Executive.

The award of extended sick leave for critical illness or serious physical injury is at the discretion of the HSE, after medical advice from an Occupational Health Physician nominated by the HSE has been received.

Payment of a subsidy in respect of the cost of locum cover during a period of sick leave is on the basis of the following provisions

- no subsidy will be reimbursed when the sick leave period exceeds the maximum aggregated days during any continuous period of four years
- medical practitioners shall be expected to cover for each other during the first seven days of any episode of sickness
- subject to the limitations mentioned at 2(a) a subsidy shall be paid at the appropriate rate in respect of any days' sick leave, unless, by reason of such payment, the period of sick leave during which the medical practitioner has been paid the appropriate rate would exceed 92 days during the 12 months ending on such day,
- subject to the limitation mentioned at 2(a) payment shall be paid at half the appropriate rate after payment has ceased, by reason of the provision in sub-paragraph 2(c), to be paid at the full rate,
- for the purposes of these provisions every day occurring within a continuous period of sick leave shall be reckoned as part of such period.

Having regard to the foregoing provisions, payment of a subsidy towards the cost of arranging cover and/or employing a locum during periods of sick leave shall be made on the following basis:

- during the first seven days of an episode of sick leave, when medical practitioners are expected to cover for each other, a subsidy of €197.24 per day (Monday to Friday inclusive) shall be paid to the medical practitioner in respect of the cost of cover. In the case of a doctor with a panel of 100-700 where the payment will be the equivalent of their weekly capitation earnings.
- after the first week of an episode of sick leave a medical practitioner, with 700 patients or more on his/her panel, shall be paid a subsidy of €1,380.65 per week for the next 85 calendar days and €690.33 per week for the following 91 calendar days in respect of employing a locum.
- Those with panels between 100 to 700 patients shall receive a subsidy equivalent to their capitation earnings during the second and subsequent consecutive 92 calendar days of sick leave (not exceeding €197.24 per day) and half that amount for the second period of 91 calendar days.

Payment of sick leave subsidy shall be subject to the receipt of a properly completed claim form, including evidence of payment to the covering practitioner or locum and independent medical certification of sickness.

Sick leave entitlement shall not apply to medical practitioners with panels of less than 100 patients.

When it is clear that the incapacity will last for more than one week and for rural practitioners in all cases the locum shall be put in place as soon as possible.

GPs in receipt of Rural Practice Allowance/Rural Practice Support Framework attract, full maximum sick leave entitlement applicable to a GP.

In the case of extended sickness, where the Chief Officer, Health Region has reason to believe that the medical practitioner is not likely to resume his/her practice, the Chief Officer, Health Region may have regard to paragraph 37 of the agreement, where he/she considers such action appropriate.

6.5.5 Leave for attendance at meetings

Approved contribution towards the employment of locum expenses will be reimbursed in respect of attendance by GP at meetings of statutory bodies or at GP Committee meetings convened (and verified) by the IMO.

6.5.6 Maternity Leave

A General Practitioner with 100 or more patients shall be entitled to 26 consecutive weeks leave. The total reimbursed per week will depend on the GPs panel size.

At the end of maternity leave the GP shall on application to the Health Region, be allowed up to 16 weeks' unpaid leave.

Maternity Leave entitlement shall not apply to GPs with panels of less than 100 patients.

GPs in receipt of Rural Practice Allowance/Rural Practice Support Framework attract, full maximum maternity leave payment entitlement applicable to a GP.

6.5.7 Paternity Leave

GPs may take 14 days/2 weeks' paternity leave with pay in respect of the birth of a child/children once signed up to GP Modernisation. In the cases where there are two or more children born or two or more children adopted, the entitlement to Paternity Leave will be 14 days for each child. This leave may be taken by eligible GPs at the time of birth or up to 26 weeks after the birth.

Where the GP has not signed up to GP Modernisation, GPs may take three day's paternity leave with pay in respect of the births of children on or up to four weeks after the birth of the child.

In the case of adoption, the leave may be taken on or up to four weeks after the date of placement of the child. In the cases where two or more children are born or two or more children are adopted, the entitlement to paternity leave will be three days for each child e.g. where twins are born, the father would be entitled to six days paid leave.

6.5.8 Covid 19 Leave

Where a GP who holds a General Medical Services (GMS) contract with the HSE (i.e. Medical Card, GP Visit Card and/or Under 8 Contract) and is required to self-isolate he/she can claim a contribution towards locum expenses for the duration of the self-isolation period.

This locum contribution shall also apply to periods of Covid 19 related sick leave where a GMS GP has contracted the virus.

GPs should use the current ALF/1 form for this purpose and write 'COVID 19 leave' on their form when submitting with the usual supporting documentation to their local Primary Care Unit for approval.

6.6 Contribution towards the employment of Practice Nurse/Manager and Secretary

GP's who hold a valid capitation contract and/or Under 8 contract with a panel of 100 or more patients are entitled to claim a contribution towards the employment of practice nurse/practice manager and practice secretary.

6.6.1 Practice Secretary

A participating medical practitioner shall be entitled to apply for a subsidy towards the cost of employing staff to provide secretarial assistance, including reception duties and record keeping, in the following circumstances:

- the appointment is made on the basis of a written contract of employment, including agreed hours of attendance in the practice, to be made available to the Health Region;
- the appointment is based on the understanding that the holder is remunerated and that such remuneration is assessable to income tax, and subject to PRSI deduction, where applicable;
- evidence of such remuneration and the payment of the appropriate taxes, levies etc. to be made available to the HSE annually.

Payment of the subsidy will be based on the weighted panel of the GP. A GP with a weighted panel of 1,200 patients or more will be entitled to the full subsidy and those GPs with weighted panels of less than 1,200 patients will be entitled to the subsidy on a pro-rata basis.

GPs in partnerships or group practices, approved by Health Region, may aggregate/combine their panels when making applications for the subsidy. However, in no circumstances shall a partnership or group practice qualify for a subsidy in respect of more than one practice secretary and practice nurse/practice manager per contracting GP in the practice.

The subsidy shall apply to those secretarial staff employed on a full time basis and employment contracts of shorter duration shall be subsidised on a pro-rota basis.

Under no circumstances will the amount of the subsidy exceed the actual cost to the GP of employing the staff concerned.

The subsidy shall be payable where the relevant Health Region has approved the PSN/1 form and affirmed that they are satisfied that the employment and service are in accordance with the terms outlined above.

6.6.2 Practice Nurse

A participating medical practitioner shall be entitled to apply for a subsidy towards the cost of employing a practice nurse provided the following are met:

- responsibilities in the form of a job description, are clearly laid down in a written contract of employment, a copy of which is made available to the Health Region;
- the employee is currently registered with Nursing & Midwifery Board of Ireland (Bord Altranais agus Cnaimhseachais na hEireann) in the general or public health nurse division of the register;
- the remuneration is assessable for income tax and subject to PRSI deductions, where applicable;
- evidence of payment to the nurse and of the payment of the appropriate taxes, levies etc, are made available to the HSE annually;
- evidence of appropriate insurance cover in respect of practice nurse's duties is provided;
- the services provided by the practice nurse contribute to the effectiveness of the general practitioner service primarily through active nursing or the general care of patients. Within the surgery and through assistance to the GP, and not through the provision of secretarial or other non-nursing duties;
- the practice premises are suitable for the provision of a practice nurse service.

Payment of the subsidy will be based on the size of the patient panel. A GP with a weighted panel of 1200 or more patients and who is liable for the full rate of employers PRSI will be entitled to the full subsidy. Those GPs with weighted panels of less than 1200 or who are liable for less than the full rate of employers PRSI or no contribution will be entitled to the subsidy on a pro-rata basis.

Payments will be made to participating GPs with a panel size of at least 100 patients.

The subsidy shall apply to those practice nurses employed on a full time basis and employment contracts of shorter duration shall be subsidised on a pro-rata basis.

Under no circumstances will the amount of the subsidy exceed the actual cost to the GP of employing the staff concerned.

The subsidy shall be payable where the relevant Health Region has certified that they are satisfied that the employment and service are in accordance with the terms outlined above.

GPs in partnerships or group practices, approved by the Health Region, may aggregate/combine their panels when making application for a subsidy. However, in no circumstances shall a partnership or group practice qualify for the payment of a subsidy in respect of more than one practice secretary and/or practice nurse per contracting GP in the practice.

A medical practitioner may be paid a subsidy in respect of the employment of both a practice secretary and a practice nurse, where the same person carries out both duties and where the qualifying conditions of the subsidy payable will be appropriate to the hours worked, as certified by the Region, in each post
A medical practitioner in receipt of a RPA/RPSF shall be deemed to have a weighted panel of 1200 for the purpose of computing practice support subsidy.

6.6.3 Practice Manager

General approval to the diversion of unused practice secretary or practice nurse subsidies towards the appointment of a practice manager should be only be considered by the Health Region where it is satisfied that such an appointment and diversion of subsidy will result in a significant benefit to the practice by way of an improvement in practice organisation and lead to an increase in the quality and range of services provided to patients.

Under the arrangements a practice manager may be hired on a full time or a sessional basis* by a group or co-operative of general practitioners who have a formalised arrangement to practice at a single centre or in a multi-centred practice. A diverted subsidy is payable towards the practice manager post in accordance with the terms and conditions set out in paragraph 2 below.

In all cases the subsidy towards the employment of a practice manager is derived from those monies which may be deemed to be appropriate to a practice nurse or practice secretary to whom the practice (group or co-operative) would, based on overall patient panel size, normally have an entitlement but which is not being claimed. Before any approval is given to the use of practice support subsidies for this purpose. The Health Region must be satisfied that the level of practice nursing support is adequate to meet the needs of the practice.

The Health Region must be satisfied that the duties of the proposed practice manager post are stipulated in a contract to be offered by the group or co-operative and the terms of the contract are in accordance with the guidelines set by Irish College of General Practitioners for practice manager posts. The Health Region must also be satisfied that the remuneration for the post is assessable for income tax and subject to PRSI where applicable and that the full amount of the subsidy payable is remunerated to the appointed practice manager.

<u>Group or Co-Operative Practices</u>
(a) General
A group or co-operative of general practitioners may seek to divert a subsidy to take on a practice manager where: -

- the aggregated patient panels of the groups GPs are such that, it may be deemed, there is unclaimed subsidy accruing in respect of practice secretaries and/or practice nurses,
- the subsidy sought does not exceed the maximum of one practice nurse subsidy as set out in the current fee schedule for GMS doctors,

(b) Group/Co-Operative practice seeking manager on a sessional basis*

The conditions set out at 1 and 2(a) above also relate to a situation where a group/co-operative wishes to apply a diverted practice subsidy to a practice manager who is appointed on a sessional basis

*(For such purposes, a session is of three hours duration and the amount of the subsidy to be paid may be calculated pro-rata to a full time post)

6.6.4 How to aggregate/combine GP panels for entitlement to practice support subsidy

A practice should submit a letter on practice headed paper to the PCRS requesting the aggregation/combination of GP panels for practice support subsidy. All GPs are required to sign the correspondence and provided a start date for the arrangement.

6.6.5 Practice Staff changes

The Health Region must be informed and approve any change in the contract of employment for an existing practice nurse, secretary or manager before the change is submitted to the PCRS. A completed PSN/1 form with a copy of the revised contract and all required supporting documentation should be submitted to the Health Region.

The same procedure applies when recruiting a new practice nurse, secretary or manager.

The termination of employee contracts must also be notified to the Health Region and the PCRS immediately.

6.6.6 Annual reconciliation of Practice Support Subsidy

The PCRS will include two PSN/1P forms for completion in your December itemised listings each year. These forms should be completed in respect of all employees who received a subsidy during the previous year in order to facilitate a payment of practice support subsidy in respect of practice employees. These forms should be submitted by the end of January to ensure that payments continue along with the following:

- Practice Support Subsidy – Payroll Summary

Please be advised that failure to submit forms and supporting documentation in a timely fashion may cause a delay in payments.

6.6.7 Methodology of claiming contribution towards Practice Support Subsidy

Algorithm to calculate contribution towards Practice Support Subsidy

The factors that make up this formula are:

- Base Salary (increment point)
- PRSI rate
- Weighted panel
- Hours practice staff employed

Base Salary	x	Weighted panel	x	Actual hours worked	x	100+PRSI Rate	No. of days
		Max weighted panel		Max hours		100+Max PRSI Rate	365

6.6.8 Average Weighted Panel Calculations (2.4.12 GP Contractual Reform and Service Development)

The current formula for calculating subsidy payments to GPs is based on a weighted average panel size for the previous twelve months (based on a rolling twelve months). This resulted in unforeseen anomalies where a GP, at the HSE's request, takes over another panel and combines it with his/her own panel and therefore must wait for twelve months to elapse before he/she receives the full weighted average relevant to the now combined panel size.

Under the terms of the Modernisation and Reform Measures to GMS Capitation Contract holders to whom signed the agreement the calculation of practice support subsides for a GP in such circumstances should be based on the combined weighted average of both panels.

It has been agreed to extend this new rule set where, subject to HSE prior approval, a GP takes over the panel of a retiring/resigning partner.

6.6.9 Supports to Enhance Capacity of General Practice

The GP Agreement 2023 includes additional supports to maintain and increase the capacity of GP practices.

In addition to changes to the existing practice supports, each GMS GP with a weighted panel of 500 or more, where weighting is such that over 70s court for two, will be entitled to access a new form of practice grant €15,000. This grant can be used towards a practice nurse, administrator, manager or the new role of GP Practice Assistant (GPA). This grant will only apply to additional hours for existing staff (increase in hours must be on or after 1st July 2023) or staff hired after the 1st July 2023.

In addition to the above and across all grants, in determining the relevant point on the subsidy scales for a practice nurse, relevant nursing experience in an acute, community/primary care or nursing home setting will be taken into account in determining the relevant point. Prior, only General Practice experience was taken into account.

6.6.10 New Practice Grant for Additional Capacity (PGS/1)

This new Grant is targeted at additional capacity and may only be claimed by qualifying GMS GPs in respect of additional new employees recruited or for additional hours on the part of existing staff.

It may be used as a contribution towards the cost of employing Practice Manager, Administrator, Nurse or new role of General Practice Assistant (GPS). The maximum refundable amounts for each grade on a full time basis is 35 hours.

Under this new provision qualifying GPs (those with a weighted panel of 500+) will be eligible to claim an annual grant of €15,000. The grant cannot be used to meet the shortfall between the practice support subsidy in payment and the cost to the practice of employing the practice staff member.

The amount reimbursed to a qualifying GP under the new Grant cannot exceed the grant amount. In circumstances where the annual cost of the additional capacity is less than the Grant amount then the lower amount will be claimable.

6.6.11 Payment of Practice Support Subsidy during Maternity Leave

GMS GPs who meet the qualification criteria for Practice Support Subsidies will be eligible to claim Practice Support Subsidy for a member of the team, during the period when the member of staff is on Maternity Leave. Where the GP is receiving a subsidy towards the cost of employing the staff member in question the GP will be eligible to claim the weekly value of the claimable subsidy amount for the 26 weeks of the maternity leave period abated by the value of the Statutory Maternity Benefit payable to the staff member. Where the GP is in receipt of the new Practice Capacity Grant then he/she will be eligible to claim the equivalent of 26 weeks of the annual grant amount in payment for the staff member on maternity leave abated the value of the Statutory Maternity Benefit payable to the staff member. In circumstances where the cost to the GP of maintaining the salary of the staff member during the maternity leave period is lower than the new claimable subsidy amount then the lower amount will be claimable.

GMS GPs will be eligible to claim subsidy towards cost of employing a replacement staff member to cover the period of maternity leave. In such circumstances, the claimable subsidy amount (or grant as the case maybe) will be calculated in accordance with the formula set out. It is acknowledged however that the Statutory Maternity Benefit abatement will not be applicable in these circumstances.

Those in receipt of RPSF (and those GPs who continue to receive the former RPA on a red circled basis) and whose weighted GMS panel size is less than 1,200 will be treated the same as those GMS GPs whose weighted panel size is 1,200 or more for the purposes of calculating practice supports, contributions towards locum expenses for leave and medical indemnity rebate.

6.7 Medical Indemnity Insurance

GPs with panel size of 100 or more are eligible to apply to their Health Region for refund for Medical Indemnity Insurance.

In order to claim a refund a GPs must submit one or more of the following documents to his/her Community Health Organisation:

1. Confirmation of cover
2. Membership Certificate
3. Confirmation of member and schedule of professional indemnity

Once a refund is approved the Community Health Organisation will forward the claim to Primary Care Reimbursement Service for payment.

Details of payment will appear on the GP's monthly Itemised Listing under 'Capitation Summary'.

Summary

Description	Amount
Special Type/OOH/SS/H1N1	2465.14
Doctor Vaccinations	0.00
Doctor Outbreak Vaccinations	0.00
Capitation Payment/Supplementary Allowance	9743.51
Practice Support Subsidy	2565.24
Asylum Seeker/ Non EU Registration fee	173.69
Enhanced Capitation for Diabetes	333.33
Vaccination Fee	306.47
Registration Fee	37.78
National Cervical Screening Programme	491.00
Total Gross Payment	16116.16
Less withholding Tax	3223.23
Less Superannuation	512.53
Plus Medical Indemnity Insurance	1666.54

6.8 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 diseases as Diphtheria, Polio, Measles, Mumps, Rubella and more recently Meningococcal C Meningitis, Rotavirus and Men B.

For a GP to receive payment, he/she must hold a valid Primary Childhood Immunisation Contract at the time the immunisation was administered.

Primary Care Reimbursement Service reimburse GPs from following former Health Boards:

1) Western
2) Mid-Western
3) Southern
4) Midland

Whereas GPs outside these regions are reimbursed directly from their own appropriate Community Health Organisation.

All completed paperwork must be sent directly to the Immunisation Unit of the GPs Community Health Organisation. Primary Care Reimbursement Service receive a monthly file detailing the reimbursement for each GP within the areas in which we reimburse.

Details of paid Primary Childhood Immunisation claims will be reported on a 'Detailed Payment Listing' sent out shortly after payments are made each month. Any queries relating to payments or non-payments would need to be directed to Immunisation Unit within your Health Region.

6.9 Dispensing GP

6.9.1 Guidelines to becoming a Dispensing GP

In order for a GP to become a Dispensing GP no pharmacy must be located within 3 miles (4.3kms) of the GP's practice premises and the GP adheres to the following:

1. Dispensing arrangements and procedures must be wholly computerised providing greater efficiency, effectiveness and accountability. GP's will be required to input the details of each dispensing through the online web browser made available to them through the GP Application Suite
2. A Dispensing GP must ensure that he/she dispenses, in any calendar year, a minimum of 70% of the items prescribed for patients on his or her dispensing panel. Where a Dispensing GP fails to meet the required level he/she will be formally advised and should the GP fail to achieve the minimum 70% dispensing/prescribing level in three successive years they will no longer retain a dispensing status
3. In respect of drugs/medicines dispensing a Dispensing GP is required to comply with HSE Dispensing Guidelines
4. Dispensing GPs are required to obtain third party signature in respect of all drugs/medicines provided to eligible dispensing patients.

6.9.2 Dispensing Stock Order Forms (white)

Dispensing GP shall obtain his/her requirements of GMS reimbursable items by completing a Dispensing Doctor Stock Order form (white). A Dispensing GP shall obtain his/her requirements of GMS reimbursable items from a pharmacist whose premises are in the GPs area of practice. If there is no pharmacist in the area the GP should obtain his/her requirements from a reasonably convenient pharmacist. Only GMS reimbursable items may be obtained on a Dispensing GPs Stock Order form and exempt Medicinal Products are not covered by these arrangements.

A Dispensing GPs Stock Order form consists of an original form and three self-carbonised copies:

1. Original – the pharmacists claim form
2. Copy 1 – for the pharmacist's records
3. Copy 2 – for the HSE's records
4. Copy 3 – for the dispensing GPs own records

A dispensing GP must submit Stock Order forms to their local Health Region office for prior approval by the relevant HSE Pharmacist. All entries in the yellow panels of the original form must be completed beforehand. The dispensing GP detaches copy 3 from each Stock Order form before forwarding the original with copies 1 and 2 to their local Health Region. Stock Order forms should be submitted at monthly intervals. Following approval, the local Health Region forwards the original and copy 1 of the Stock Order form to the pharmacist nominated by the dispensing

GP. Pharmacists should not supply drugs/medicines to GP surgeries on the basis of unauthorised Stock Order forms.

6.9.3 Dispensing Doctors Arrangement

Under heading 2.4.15 Dispensing Doctors Arrangement, each dispensing doctor who is in receipt of either Opt In and Pilot GP fee rates must provide an undertaking to the HSE to use the Drugs Dispensing Module (that best suits their practice) and actively participate in quality improvement in relation to Health Product Regulatory Authority (HPRA).

1. **Integrated System**

GPs shall use the Drugs Dispensing Module, once integrated into the GP accredited practice management system, and forward monthly updates to records of dispensed medicines (through the integrated system) at a patient level to the PCRS in the format prescribed by the HSE.

2. **Patient Dispensing Record**

The HSE PCRS have developed an online facility to capture computerised dispensing records. The system requires you to record all drugs dispensed to dispensing patients from stock order received from the HSE. This computerised system is available as part of your GP Application Suite under 'Claiming' heading. It incorporates standard on-screen assistance including validation and screen tips for each data item. Once the details are entered onto the Patient Dispensing Record they are updated on the PCRS information system.

6.9.4 Order forms for Syringes, Needles and Dressing (Pink)

The order form should be used by all participating GPs to obtain supplies of non-insulin disposable syringes and needles combined or separate. Dressings for use by GPs in their surgeries in respect of their GMS patients should be ordered on the order form (pink) from the list of dressings reimbursable under the Scheme. The current list of reimbursable items is located through www.pcrs.ie or click on the following https://www.hse.ie/eng/staff/pcrs/items/.

6.9.5 Completion of Stock Order Forms

Stock Order forms must have the following entries completed before being handed to a pharmacist. GPs must enter:

1. The name and address of the pharmacy in the space provided;
2. Write or stamp their own name and address on the original and the copy;
3. Sign the form;
4. Enter their computer sequence number in the space provided;
5. Insert the date on which the stock order form is issued;
6. Clearly indicate in columns 1 and 2 the size and quantity of item(s) required.

6.9.6 Declaration on Stock Order Forms

The declaration at the foot of each order form regarding receipt of stock items should not be signed and dated until GPs have checked the stock received

(complete column 3 – quantity received) against what was ordered so that any discrepancies such as items ordered and not supplied or supplied in part only are identified at that stage.

6.10 Rural Practice Support Framework (RPSF)

GMS GP practice units in an area which has a population of less than or equal to 2,000 within a 4.8km radius of the practice unit's principal practice address will be eligible for the new Support Framework.

- GP's will be required to live within a reasonable distance of the centre, subject to the prior approval of the HSE.
- This is an alternative to the previous arrangements where the GP is required to live in the immediate centre in which his/her practice is located.
- The Support Framework for GP's in remote rural areas will also be extended to established group practices which are in a qualifying area and will not be restricted to single handed GP's only.
- The Support Framework for GP's in remote rural areas will also be available in a modified form where there are two eligible GMS practice units in a qualifying area.

6.10.1 Restrictions for Eligibility

There are certain restrictions on qualifications for the Support Framework. These are as follows:

- Where there are three practice units or more in a qualifying area the Framework will not apply
- No practice unit may benefit from more than one Rural Practice Support Framework arrangement. A practice unit may not benefit from Rural Practice Support Framework and Rural Practice Allowance at the same time.

6.10.2 Rural Practice Support Framework

A GMS practice unit which meets the criteria above will be eligible for the payment of the full subsidy for both a practice nurse and practice secretary, where the qualifying conditions are met, Annual, Sick and Maternity leave locum contribution, Medical Indemnity Refund and a financial allowance of €22,000 per annum which is reimbursed every quarter i.e. January, April, July and October.

A modified Support will be available in the situation where there are two eligible practice units operating in the same qualifying area on the commencement date of the Framework. This consists of maximum allowable for Practice Support Subsidies, Annual Leave, Sick Leave and Maternity Leave locum contribution, Medical Indemnity Refund. A financial allowance of €11,000 per annum reimbursed every quarter i.e. January, April, July and October per practice unit is available to both eligible practice units in the area.

Eligible group practice units may designate one GMS GP's GMS panel for the purpose of calculating Practice Support Subsidies, Annual, Sick and Maternity leave locum contribution, Medical Indemnity Refund. Where a new GP enters the

GMS in a qualifying area where a practice unit is already in receipt of the Framework the new GP will not be eligible to receive the benefits of this Framework.

The Rural Practice Support Framework will be reviewed in 2024, with the subsequent review taking place in 2032 and every five years thereafter.

6.11 National Cervical Screening Programme (NCSS)

The programme provides free smear tests every 3 years to women aged 25 to 44 following 2 consecutive 'no abnormality detected' results, women aged 45 to 60 are screened every 5 years.

For a GP to receive payment, he/she must hold a National Cancer Screening Contract at the time the smear test was performed.

All completed paperwork must be sent directly to National Cancer Screening Services. Primary Care Reimbursement Service receive a monthly file detailing the reimbursement for each GP.

Details of paid National Cancer Screening Services claims will be reported on a 'Detailed Payment Listing'. Any queries relating to payments or non-payments should be directed to National Cancer Screening Services, phone number 061-461390.

6.12 Opioid Substitution (Methadone) Treatment Scheme

Under this Scheme, OST (Methadone) is prescribed for approved patients by general practitioners. Participating GPs are reimbursed a patient care fee i.e. one patient care fee per month per patient and assigned to the contractors on the 1st of the month. The patient care fee relates to the GP's contract level.

Definitions of Accreditation Levels:

- Level 1 – the GP cares for a transfer patient who have been stabilised in the clinic and is now on a maintenance treatment
- Level 2 – the GP may take on clients for stabilisation and maintenance in general practice.

The Central Treatment List maintains information on all persons eligible under the Methadone Treatment Scheme. A monthly extract is made available to Primary Care Reimbursement Service for reimbursable purposes.

All prescriptions for Methadone must be written on a Methadone Prescription Form.

In the case of a prescription for Methadone, which is being issued for or in connection with the treatment of opiate dependence, the prescription shall not be issued unless:

- The person for whom it is issued is the holder of a valid drug treatment card

- The prescription is written on a form supplied by or on behalf of the Minister for Health

In the case of a prescription for Methadone, which is being issued for the treatment of a person for purposes other than for or in connection with opiate dependence, the prescription shall not be issued unless:

- The prescription has been issued by a medical consultant (in hospital practice) or has been initiated by such a consultant, whose name and address must be included on the prescription
- The prescription is written on a form supplied by or on behalf of the Minister for Health

In all cases the practitioner must be satisfied as to the identity of the person for whose treatment the prescription is being issued.

6.13 Universal GP Care

6.13.1 Introduction

From July 2015 the following was introduced:

- GP care free at the point of service to all children aged under 6 years.
- GP care free at the point of service to all persons aged 70 years and over.
- A Cycle of Care in General Practice for patients with Type 2 Diabetes as an enhanced service under the existing General Medical Services (GMS) Capitation contract.

These developments marked the first phase of the introduction of Universal GP Care and represent the first steps in the process of re-investment in and strengthening of General Practice as a key component in the overall health care system in this country. We still have a significant programme of work ahead of us to deliver on the vision of a strengthened General Practitioner service which is capable of providing a more extensive range of enhanced service offerings, such as chronic disease management programmes.

Also introduced at the same time:

- Option to extend GPs retirement age under his/her public contracts from 70 years up to a maximum of 72 years.
- Introduction of flexible shared arrangements where two GPs can share a contract.

6.13.2 GP Care for Under 6s

A new contract was introduced to provide GP services to all children under 6 years. Once GP has signed this contract, he/she will be required to provide a general medical service to children aged under 6 whom are registered on his/her panel. This includes the carrying out of periodic wellness checks for children, once at age 2 and once at age 5, which are focused on health and wellbeing and disease prevention. An age appropriate list of Special Items of Service is also provided under this contract.

6.13.3 Cycle of Care for Asthmatic Patient

An Asthma Cycle of Care has been included in the service to be provided under this contract. The GP will be required to maintain a register of children aged under 6 with a diagnosis of asthma and provide services to such child patients in accordance with the agreed Cycle of Care. A patient can only be registered as Asthmatic on PCRS system from 2 years.

At year end the GP will be required to submit confirmation of the Asthma Check. Where the data is being provided an information return is required at least once a year until the child attains the age of 8 years.

6.13.4 GP Care for Persons aged 70 years and over

All persons aged 70 years and over, with the exception of such persons who hold a valid medical card, shall be enabled to access GP services, free at the point of service, under the GP Visit Card Contract of 2005.

6.13.5 Cycle of Care for GMS (Medical Card and GP Visit Card) Patients with Type 2 Diabetes

GPs who opt to provide Cycle of Care, will be required to create and maintain a register of their patients who have a diagnosis of Type 2 Diabetes and to provide two structured visits per annum to such patients. Participating GPs will also be required to submit an agreed data set to the HSE on an annual basis. A patient can only be registered as Diabetic on PCRS system from 18 years to under 75 years.

6.13.6 Flexible/Shared GMS Contract

This provision came into effect on 1st July 2015 similar to the Under 6 GP Contract.

Any GP who is eligible to hold a GMS contract is entitled to apply to become a party to a flexible/shared contract arrangement. Each such application will be considered on its merits and the HSE shall have due regard to the GPs specific circumstances.

If you wish to obtain more information with regard to Flexible/Shared Contract, please contact your local Primary Care Unit.

6.13.7 Integrated Data Returns

Since the introduction of Under 6 GP Services, Asthma Cycle of Care and Diabetes Cycle of Care, the PCRS has collaborated with General Practice Information Technology (GPIT), system vendors and Healthlink to develop an integrated solution to facilitate the electronic submission of data returns by GPs in respect of the new services.

These collaborative efforts will assist GPs in reducing the data required to be submitted via an internet browser. The integrated return, the GPs who opt for this approach, will return, via Healthlink, confirmation of service provided to PCRS and separately store anonymised clinical date returned directly to the HSE clinical repository. The latter being extremely important in allowing the HSE evaluate the effectiveness of such GP practice delivered services into the future.

From February 2018, GPs can return data generated as a result of the delivery by them of periodic assessments, asthma and diabetes cycle of care in accordance with the agreed datasets. GP vendors will provide information regard new functionality added to GP Practice Software and provide normal assistance to you in this regard. Please note that data returns will be accepted by the PCRS for services provided since the commencement of the contract. The mechanism for submitting these older data returns will be dependent on the specific implementation by computer software vendor. However, in such cases where the data returns, prior to February 2018, are not capable of being returned in whole or part, GPs should retain their records in the event that they are required for audit purposes.

There will be no functionality for GPs to return data generated as a result of the delivery by them of periodic assessments, asthma and diabetes cycle of care manually.

6.14 Maternity and Infant Care Scheme

6.14.1 Online Claiming

From 1st July 2019 Maternity and Infant Care Scheme was centralised to PCRS for online claiming through GP Application Suite.

The new functionality enables GPs to register and submit claims online for expeditious processing. Moving to online claiming will provide faster access to payment with valid claims paid in your monthly PCRS payments as opposed to waiting until the full package of care has been provided and submitting to local offices for manual processing.

Benefits for GPs include

1. Earlier access to payments with online claim submission
2. Reliable Service
3. The online facility eliminates rejections and reduces the need to query payments
4. Access to dedicated claim support team
5. Access to comprehensive reports detailing claim processed for payment
6. Faster search and retrieval data access
7. Online ordering of pregnancy test kits
8. Centralised processing and reimbursement

6.14.2 Manual Claiming Submission

From 1st October 2019, as the service is now centralised, GPs who have not opted for on-line registration should submit any new registrations and claims to PCRS.

a) **Revised Manual Route improving registration process** – Cognisant of the efficiencies created in providing online functionality the PCRS took the opportunity to review the manual process. The process has been simplified, therefore, instead of applying to the PCRS to register your patient for the Maternity & Infant Scheme a new declaration was introduced. The declaration asked the GP to certify to the best of their knowledge that the patient was ordinarily resident. Residency can be confirmed by the patients holding a Medical Card, GPV Card, Drug Payments Scheme Card or Long Term Illness Card.

b) **2009 Manual Process** – Following a request from the IMO, they would like no changes introduced for those who continue to submit manual registrations and claims as set out in 2009. In these circumstances, 1999 claim forms will no longer be accepted. GPs who would like to avail of the 2009 option must send their registration forms completed by both the expectant mother and the GP to the PCRS for admission to the scheme prior to commencing a course of service. The PCRS will advise the GP once the expectant mother is approved for the service. As the 2009 registration and claim form does not have the number of previous births, you will be required to ensure your registration form contains this information to avail of the higher fee available. In circumstances where this information is not provided the PCRS can only reimburse in line with payments for first pregnancy.

For GPs who are interested in transitioning to online claiming, please contact pcrs.maternityandinfant@hse.ie to request a copy of Maternity and Infant Care Scheme Online Submission form from a member of the M&I team.

Frequently Asked Questions (FAQs) and a user guide is available on the GP Application Suite to those GPs who opt to submit online.

6.15 Phlebotomy Services

If a GP has practice based phlebotomy services which forms part of the investigation and necessary treatment of a patient's symptoms or conditions by the patient's GP, this service should be provided free of charge where the patient holds a valid Medical Card or GP Visit Card.

If part of necessary treatment includes phlebotomy, the GP must provide that service free of charge. The fact that phlebotomy services may be available in other

care settings does not entitle the GP to charge patients for the taking of blood in order to diagnose or monitor their condition.

The HSE Community Healthcare Organisation will fully investigate any reported incidents of eligible patients being charged for this service. In turn any investigated instances of either Medical Card or GP Visit Card holder being charged for the taking of blood will result in the PCRS making a full refund to the patient with a corresponding deduction being made from the routine payments to the GP concerned. These deductions will be communicated to you and reported transparently on your monthly payment listing.

6.16 Online GP Application Suite

The majority of GPs have registered to access the GP Suite. The benefits of this facility include:

- Online claim entry which is available 24/7
- Downloadable and printable Itemised and Panel listings (5-year archive)
- Confirm a client's Medical Card eligibility status, at the point of service
- Online registration for Cycle of Care
- Add a new baby
- Complete a sensitive renewal
- Complete a patient reinstatement
- Remove a patient from a panel list
- Complete a Change of GP
- Access to a Suite of Reports e.g. Benzo Listings, Prescribing Analysis, Summary, Non-Dispensing
- Order Stationery e.g. GMS prescriptions pads

To register for GP Suite GPs must complete Primary Care Reimbursement Service Security Certificate Requisition in order for PCRS to issue security certificate to download onto practice pc. Should you have any queries on how to use the Suite please contact the Doctors Unit directly on 018647100 option 2.

6.17 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

A structured CDM Programme was introduced from January 2022 and will allow participating GPs who have signed up to the new GP Agreement and opted in for the Structured CDM Programme to provide Structured Chronic Disease Treatment

Programme to their eligible patients aged 18 years and over who have a diagnosis of one or more of the above conditions set out in the GP Agreement 2019.
Payments under the Diabetes Cycle of Care and the Heartwatch Programme will cease for such patients where a data return under the CDM Programme is received from the GP by the HSE PCRS.

To support patients in managing their chronic condition(s) there are two scheduled reviews in a 12-month period (Annual Review & Interim Review). It is envisaged that each of the twice yearly scheduled reviews will require a visit to the GP and to the practice nurse. GPs must ensure that there is an interval of at least four months between each such scheduled review over a rolling twelve-month period. A written Care Plan must be agreed and issued to the patient following the completion of the review.

GPs are required to submit a data return to the HSE, in the required format, following each scheduled review through their GP Management System. Reimbursement will issue to GPs from HSE PCRS following receipt of each data return.

This new service development has been introduced on an "opt in" basis for GMS Contract Holders who have signed up to the Service Modernisation and Reform Measures.

From 30th November 2023, HAA cardholders are eligible for registration on the CDM Programme. **When submitting CDM claims medical and GP Visit cardholders must be assigned to the claiming GP's panel. If an HSE approved panel transfer or individual patient's transfers take place after 1st of the month no claims can be submitted until the following month.**

6.17.1 Modified Structured Chronic Disease Management Programme (MCDM)

MCDM reviews will continue to operate until 31st December 2022 under the Chronic Disease Treatment Programme and will apply to eligible patients aged 18 years and over with one or more of the following conditions:

- 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

The MCDM allows for Eligible patients to have one review to be provided by GP (and practice nurse where appropriate).

MCDM allows for patients to have one review (either a CDM or a MCDM) either remotely over the telephone/video call or through an in person review in the GP surgery. A written Care Plan must be agreed and issued to the patient following

the completion of the review regardless of whether the review is the modified or an in surgery review.

A MCDM dataset has been agreed for reviews completed remotely over the telephone/video call. Once a modified review is submitted, it is not possible to add to it later to transform into a full review.

When submitting MCDM claims medical and GP Visit cardholders must be assigned to the claiming GP's panel. If an HSE approved panel transfer or individual patient's transfers take place after 1st of the month no claims can be submitted until the following month.

6.17.2 Opportunistic Case Finding (OCF) (Surgery based assessment only)

OCF commenced in January 2022, in line with GP Agreement 2019, for eligible patients aged 45 years and over and involves a process whereby, on an opportunistic basis (i.e. when a patient attends for another issue and the patient is not already registered on the Structured CDM Programme). The patient is offered an OCF assessment which is undertaken in accordance with a set of risk criteria and appropriate tests/assessments are carried out to identify those with an undiagnosed chronic disease or those at high risk of developing a chronic disease. OCF assessments will be carried out in line with the 2019 GP Agreement.

The three likely outcomes from the OCF assessment are as follows:

I. Diagnosis of a Chronic Disease covered by the CDM Programme – such eligible patients may then be registered by their GP on the Structured Chronic Disease Management Treatment Programme.
II. Patient deemed to be at High Risk of developing a Cardiovascular Disease and/or Diabetes. Such eligible patients may then be registered by their GP on the Prevention Programme.
III. Patient deemed to be Low Risk – stage 1 hypertension and with no target organ damage will be excluded in the current Structured CDM Programme. **Repeat OCF assessments will take place no earlier than 5 years after the previous OCF assessment.**

Rules for entry onto the CDM Treatment Programme post OCF assessment;

- Patient diagnosed with one or more of the Chronic Diseases outlined in the Structured CDM Programme should be registered. Their first Annual CDM Treatment review to occur ideally within 4 months from the OCR assessment date.
- The patient can be registered on the CDM Treatment Programme on the same day as OCF Assessment.
- If blood tests are less than 3 months old at the date of the Treatment Programme review the blood tests do not need to be repeated.

- If blood tests are more than 3 months old at the date of the Treatment Programme review the blood tests will need to be repeated.
- Once the eligible patient is registered on the CDM Treatment Programme all subsequent CDM Treatment reviews should then follow the normal rules set out for the CDM Treatment Programme.

When submitting OCF claims medical and GP Visit cardholders must be assigned to the claiming GP's panel. If an HSE approved panel transfer or individual patient's transfers take place after 1st of the month no claims can be submitted until the following month.

6.17.3 Prevention Programme (Surgery based assessment only)

The Prevention Programme commenced January 2022, in line with GP Agreement 2019, for eligible patients aged 45 years and over who following an OCF Assessment are deemed to be at high risk of developing:

- Cardiovascular Disease and/ or,
- Diabetes Mellitus

Eligible patients who are found to be at High Risk may be registered in the Prevention Programme and will receive one scheduled review in a 12-month period. It is envisaged that this scheduled review will require two visits, one to the GP and one to the Practice Nurse. An annual review of risk factors in line with the 2019 GP Agreement will be carried out where medications and the self-management care plan will be reviewed and additional supports provided and/or referrals made. Appropriate medical treatment (e.g. for hypertension, smoking cessation, blood lipids) will be prescribed and appropriate blood tests carried out. A written Care Plan must be issued by the participating GP to the eligible patient following the completion of the Prevention Programme review.

Rules for entry onto the Prevention Programme post OCF assessment;

- The eligible Patient should be registered on the Prevention Programme and their Annual review to occur ideally within 4 months from the OCF assessment date.
- The patient can be registered on the Prevention Programme on the same day as the OCF assessment.
- If blood tests are less than 3 months old at the date of the Prevention Programme review the blood tests do not need to be repeated.
- If blood tests are more than 3 months old at the date of the Prevention Programme review the blood tests will need to be repeated.
- Annual Prevention Programme reviews should take place no earlier than 9 months from the date of the previous Prevention Programme review.

From 30th November 2023, enhancements to the Prevention Programme to include:

- Eligibility for GMS/DVC card holders with hypertension over 18 years,
- Eligibility for all women (cardholders and private patients) over 18 years who had Gestational Diabetes Mellitus or Pre-Eclampsia in a pregnancy since January 2023
- Women diagnosed with Gestational Diabetes Mellitus or Pre-Eclampsia since January 2023 who develop Diabetes will be eligible for registration on the Treatment Programme.

When submitting CDM, MCDM, OCF or PP claims medical and GP Visit cardholders must be assigned to the claiming GP's panel. If an HSE approved panel transfer or individual patient's transfers take place after 1st of the month no claims can be submitted until the following month.

6.17.4 Nursing Support

The additional workload arising for GP practices under the CDM, MCDM Programme, CDM Opportunistic Case Finding Programme and CDM Prevention Programme funding has been provided for in the Agreement to support the enhancement of Practice Nurse Capacity. The funding will be allocated on a phased basis in line with the roll out of the Programme over the period 2020-2023.

6.18 Seasonal Influenza/Pneumococcal (PPV23) Vaccination Programme

From 19th September 2022, the vaccine services screen provided by PCRS for the purposes of claiming and recording GP delivered vaccines will no longer be available for the recording of influenza and pneumococcal (PPV23) vaccines. ICT development has taken place to integrate influenza and pneumococcal (PPV23) vaccinations into GP practice management systems and GPVax.

6.19 Free Contraception Service

Free Contraception Service for patients aged 17 to 25 years commenced on 14th September 2022 and claims cannot be accepted for services provided prior to the commencement date. The scheme may be extended in line with Government announcements. The existing Free Contraception Scheme Contract will cover those aged between 31 and 35 years (inclusive). GPs who wish to enter into this contract should compete, sign and date the Contractor Details and Acceptance form and return via email to HSE National Contracts Office at contract.national@hse.ie. The contract document and the Contractor Details and Acceptance form can be accessed via the following link www.hse.ie/eng/about/who/gmscontracts/free-contraception-service-contract.

6.19.1 Claiming Reimbursement

These services are available to those who hold full or limited eligibility and are ordinarily resident in the state. When claiming input the patients' medical card

number or GP Visit card number or PPSN to verify established eligibility for a public service. If patient does not hold eligibility on our database, the patients date of birth and gender (f) will need to be recorded. Once relevant details have been captured you will be prompted to either save and print in order to capture third party verification or alternatively STC/SS/OOH claim form can be signed and retained for audit purposes. These forms are records and should be available for inspection/audit, if required. The forms containing third party verification should also be preserved for a period of no less than six years.

The following codes will apply to this new service and can be claimed through the PCRS GP Application Suite. The codes will become visible on the GP Application Suite when your signed and dated contract acceptance form has been processed by the HSE.

Special Items of Service	**Description on GP Suite for claiming purposes**	**Description of Service**
CF	Contraception Consultation for the purpose of accessing relevant products	Consultation provided to a Relevant Woman for the purposes of obtaining a prescription for accessing relevant products.
CG	LARC IMPLANT Fitting	Fitting by a Registered Medical Practitioner of a relevant product that is a contraceptive implant
CH	LARC COIL Fitting	Fitting by a Registered Medical Practitioner of a relevant product that is a Coil
CI	LARC IMPLANT Removal	Removal by a Registered Medical Practitioner of a relevant product that is a contraceptive implant
CJ	LARC COIL Removal	Removal by a registered Medical Practitioner of a relevant product that is a Coil
CK	Follow up consultation post LARC fitting	Where necessary, follow up consultation in relation to the fitting by a Registered Medical Practitioner of a long-acting reversible contraceptive device.

The consultation fee is only payable where the consultation is in person.

The fees for these services are composite fees and no other claims or fees (including those under the General Medical Services Scheme) apply in respect of services provided under this scheme.

6.20 Social Deprivation Practice Grant Support

Under the GP Agreement, funding was allocated to support and maintain GP services for communities with a high degree of social deprivation.

Minimum Application Criteria:

- General Practices that are in receipt of rural practice supports are not eligible to apply for the social deprivation support. The grant is a practice support and does not attach to the individual GP but to the entire practice. The main centre of practice should be in an urban area.
- Practices must have a **minimum practice size of 350 GMS patients**. For this grant a GMS patient is a holder of a Medical Card and excludes Doctor Visit Cards holders. In order to be eligible to apply for the grant practices must also **have a minimum number of 200 GMS patients living in disadvantaged areas (using Pobal indices).** All patients in long-term facilities such as Nursing homes or other residential care settings are to be excluded from this exercise.
- Practices should note that these are minimum criteria for application and do not in themselves confer eligibility for grant support.
- All GMS GPs in practice applying for the Social Deprivation Grant must be subject to the terms of the GP Modernisation and Reform Agenda as set out in the 2019 Agreement.

The grant cannot be used to cover costs of practice nurse and/or practice secretaries contracted hours for which a subsidy is already in payment. However, the practice may include the cost of additional hours for such staff under this grant provision.

Where there is an unused portion of the grant or where Certified Memos are nor received, the practice shall repay any unused amount to the HSE.

7. Prescribing

7.1 Prescribing Information

The list of drugs, medicines, appliances and other non-drug item are on www.pcrs.ie under ‘List of Reimbursable Items’, the common list of items for both the GMS Scheme and the Drugs Payment Scheme.

Certain categories of products will not form part of the Common List. Medical Cardholders will continue to have their requirements for these products met by their Community Healthcare Organisation e.g. dressings, incontinence products.

7.1.1 Long Term Illness Scheme (LTI Scheme)

Drugs, Medicines and Non-drug items reimbursable under the LTI Scheme are intended for the treatment of the primary condition. Core lists were developed following detailed consultation with Medical Officers, HSE Pharmacists and HSE Medicines Management Programme. The HSE is satisfied that all medicines that should be necessary for the treatment of each primary LTI condition are provided on these Core Lists. Patients, GPs and Community Pharmacists can view the approved medication lists for each condition below:

https://www2.hse.ie/services/long-term-illness-Scheme/approved-medications.html

When patients' required medicines are changed or additional items are prescribed for their Long Term Illness(es), approval must be given by the PCRS. Novel products also require prior authorisation from the PCRS.

7.1.2 High Tech Drugs Scheme (HTD Scheme)

Commenced in November 1996, the High Tech Drugs Scheme provides for the supply and dispensing of high-tech medicines through community pharmacies were initiated by a hospital consultant only. The medicines are purchased by the HSE and supplied through community pharmacies for which Pharmacists are paid a patient care fee by the PCRS each month. Examples of high-tech drugs are: anti-rejection drugs for transplant patients, chemotherapy, growth hormones and infertility drugs.

7.1.3 Nicotine Replacement Therapy (NRT)

The Department of Health approved the reimbursement of Nicotine Replacement Therapy (NRT) for eligible GMS persons only with effect from the 1st April 2001.

- The quantity to be prescribed and dispensed on the initial prescription should be limited to two weeks supply in order to evaluate the success of the individual therapy
- NRT must be prescribed on a single GMS form
- Patients are not limited to a maximum duration of therapy
- More than one formulation (e.g. NRT patch and chewing gum) may be prescribed as per research involving dual support
- Under community drug schemes reimbursement for NRT is limited to the GMS scheme

Varenicline and Bupropion, classified as drugs used in nicotine dependence are reimbursable under GMS and Drugs Payment Scheme (DPS). PCRS accept claims for combined treatment of either Varenicline or Bupropion with NRT.

7.1.4 Oral Dosage forms of Drugs used in the treatment of Erectile Dysfunction

The Department of Health approved the admission of certain oral dosage forms of drugs used in the treatment of erectile dysfunction to the list of reimbursable items on the GMS and Community Drug Schemes. To ensure availability for

genuine need, but to reduce the possibility of inappropriate usage, the maximum reimbursable level for oral dosage forms of drugs used in the treatment of erectile dysfunction is a total of four per month. This will apply whether or not more than one such oral medicinal product has been prescribed and dispensed for a patient in the same calendar month. The Primary Care Reimbursement Service will not reimburse quantities on the excess of this level.

On 1st April 2017, the HSE ceased Reimbursement of Phosphodiesterase type-5 (PDE5) inhibitors for the treatment of erectile dysfunction with the exception of low cost referenced priced products.

7.1.5 Hormone Replacement Therapy (HRT) Medications Supply

With regard to these medications and Circular 015/22, you are reminded that one month's supply is the maximum quantity allowed under the GMS and Community Drug Schemes.

7.1.6 Prescribing and Dispensing

The HSE shall make available special forms to the medical practitioner for the purpose of prescribing drugs, medicines or appliances to eligible persons. The medical practitioner shall keep the stocks of these forms carefully and securely. He/she shall use them only for issuing prescription to eligible patients and shall complete each form in accordance with its terms. The medical practitioner shall comply with all legal requirements including misuse of drugs legislation and control of sales regulations. The doctor shall write "medically urgent" on forms where medicine is urgently required.

7.1.6.1 Prescribing and Dispensing Requirements

With regard to these prescriptions, the Misuse of Drugs Regulations, 1988, 1993 and 2017 and the Medicinal Products (Prescription and Control of Supply) Regulations, 2003, apply in full.

1. Medical preparations containing a drug the subject of an entry in Schedule 1A of the Medicinal Products (Prescription and Control of Supply) Regulations, 2003 are not repeatable unless the prescriber explicitly specifies by writing, "Repeat (once or twice)".
   Prescriptions for Schedule 1A (S1A) drugs which are not specifically so indicated cannot be repeated. Preparations containing or consisting of the following are among those covered by Schedule 1A: antibiotics, antidepressants and hypnotic drugs.
2. Controlled drugs in Schedules 2 and 3 of the Misuse of Drugs Regulations, 1988 should not be written on, or dispensed on foot of, a repeat prescription under any circumstances.
3. Misuse of Drugs Regulations, 2017 which came into force 4th May 2017 brings imminent changes to the regulations relating to controlled drugs. Significant changes to the prescribing and dispensing of benzodiazepines and 'z-drugs' came into force with the new regulations. The Regulations and associated Orders are available on www.irishstatuebook.ie and there is also a link via the Department of Health website www.health.gov.ie.

4. The new Regulations contain a new Schedule 4 Part 1 and the restrictions in place on possession of controlled drugs will apple to controlled drugs listed in this new part. Most benzodiazepines will now be in Schedule 4 Part 1 of the new Regulations, as will the ‘z-drugs’ zopiclone, zolpidem and zaleplon. Temazepam and flunitrazepam will remain in Schedule 3.

7.1.7 Authentication of prescriptions

There have been several instances when medicines were supplied in good faith on foot of GMS prescription forms where such forms were either, duly issued by a GP and altered with intent to deceive, or, stolen from a GP and issued with fraudulent intent by a person without authority to prescribe.

The Primary Care Reimbursement Service can only accept for payment prescriptions that have been signed in full by the GP in ink. Forms initialled only, or those on which a facsimile signature appears, or a signature otherwise reproduced, cannot be accepted.

7.1.8 Illegible Patient Numbers on GMS prescription forms

Prescription forms that have 'illegible' numbers in the patient number area make identification of such claims in a reject situation almost impossible. The majority of claims containing 'illegible' patient numbers arise on 'Repeat' forms. The incidence of Repeat Prescription Forms with illegible patient numbers could be reduced if GPs ensure that the carbonised entries in the Patient Number area are legible and that the patient number corresponds with the Patient Number on the original prescription form (Part 3).

7.1.9 Carbonised or Copied Prescriptions

Prescriptions that have been carbonised or copied from one GMS prescription form onto another GMS prescription form, apart from possible legal implications, do not meet PCRS requirements.

The PCRS may raise particular instances with the health professionals concerned.

7.1.10 Dispensing of Emergency Supplies on a Hospital Prescription Form for a GMS Patient

It is the current practice that persons with established eligibility under the General Medical Services Scheme who are provided with a prescription form on their discharge from a hospital are required to request a general practitioner, participating in the General Medical Services Scheme, to transcribe the prescribed items onto a GMS prescription form in order for such items to be dispensed free of charge for that person.

It has however been indicated that this arrangement creates difficulties for those discharged from hospital late in the day, on weekends or at other times outside normal surgery or who require to have a hospital prescription dispensed urgently.

To address these difficulties community Pharmacists participating in the GMS Scheme are authorised to dispense up to a maximum of seven days’ supply, subject to permitted exceptions, of medicines prescribed for persons who have been in-patients of Acute General Hospitals or who have attended the Accident &

Emergency Departments of General Hospitals and when, because of the circumstances of their discharge and/or the urgency of the prescribed medication it is not possible or very convenient for such persons to attend their general practitioners to have the hospital prescription items transcribed to GMS prescription forms.

NB Out-Patient Department (OPD) prescriptions are not covered by these arrangements.

7.1.11 Repeat prescriptions - GMS Scheme

Repeat prescription sets are intended for use by participating GPs only when they intend that a particular item or items be repeated and repeat dispensing is a legally permissible option.

The "Repeat Prescription Set" consists of three two-part sets of self-carbonising forms, the top copy of which is the original prescription. When a GP wishes to have a prescription for a GMS patient repeated once the patent should be issued with Part 2 and Part 3 i.e. two two-part sets - the remaining Part 1 should be shredded - if two repeats are required the complete set should be issued. It is important that all forms issues are legible.

Each 'Repeat Prescription Set' must have a Patients name, Address and Current Medical Card Number entered thereon. Each original form must be signed by the Prescribe and be stamped with his/her name and address.

A patient who has been issued with a Repeat Prescription Set is required to present the complete set to a Pharmacist for dispensing.

7.1.12 Order Forms for Non-Insulin Syringes, Needles and Dressings

The foregoing provisions apply except that there is no necessity for the GP to seek approval from the HSE. All GPs participating in the GMS Scheme may use the Syringes/Needles and Dressings Order Form to obtain items from those particular classes for use in the surgery in respect of their GMS eligible patients only.

7.1.13 Personalised Prescription Forms

These can be ordered via GP Application Suite through the ‘Account Details’ heading. A certificate is required to have access to GP Suite. Where a GP does not have access to online suite he/she can contact PCRS to place an order.

When prescribing for any GMS patient GPs are required to use the personalised prescription forms. These should also be used by their locums i.e. a locum who is not participating GP in the GMS Scheme.

Where your locum is a participating GP in the Scheme, they can use their own personalised prescription forms when prescribing for your GMS patient.

7.1.14 Phased Dispensing

Under Phased Dispensing rules the circumstances in which Phased Dispensing may be the subject of a valid claim are

1. At the request of a patient's physician
2. Due to the inherent nature of a medicinal product i.e. product stability and shelf life
3. Where a patient is commencing new drug therapy with a view to establishing patient tolerance and acceptability before continuing on a full treatment regimen
4. In exceptional circumstances where the patient is incapable of safely and effectively managing the medication regimen

This functionality has been made available through the GP Application Suite to GPs who wish to enrol patients for phased dispensing without writing 'Phased Dispensing' on the GMS prescription. Where a GP completes the application, it will be automatically approved and visible to the Pharmacist through the Pharmacy Application Suite.

Where the GP has made a request to the pharmacy by writing the words 'Phased Dispensing' on the prescription, the pharmacy has the functionality through the Pharmacy Application Suite to upload a copy of the GP prescription displaying the GP's instruction for phased dispensing.

Phased Dispensing must be written on the face of the prescription each month unless the GP enrols the patient through the GP application Suite. If the patient is 80 and over when enrolled through the GP Application Suite for Phased Dispensing, such approval would be lifelong.

Please be aware that Phased Dispensing is not a Monitored Dosage System (MDS) service. MDS services are not encompassed by any state reimbursement arrangements. Pharmacists may choose to provide a monitored dosage system service as a quality improvement to patients who they believe might benefit.

7.1.15 Lidocaine 5% Medicated Plasters (Versatis)

As per recommendation of the HSE Medicines Management Programme (MMP) which was accepted by the HSE in relation to individual approval of Lidocaine 5% medicated plasters (Versatis) for specific patients i.e. those with post-herpetic neuralgia (PHN).

If a GP believes that any of his/her patients should receive reimbursement support for Lidocaine 5% plasters and they have previously had Shingles (Herpes Zoster), you can register specific patients for reimbursement support through the Special Drug Request section on the GP application suite.

To register specific patients for individual reimbursement support, please provide the following details online:

- GMS number or Drugs Payment Scheme (DPS) Number
- Patient Diagnosis - PHN or other
- If Antiviral Therapy has been used and when
- Exceptional Circumstances outside of the licensed indication

All patients on this treatment for PHN must be individually registered. When registered under PHN, approval is real-time and the patient will be approved for three months of reimbursement support.

Where the application is under Exceptional Circumstances, the application will be reviewed by the Medicines Management Programme (MMP), before a decision is made and communicated through the application suite to the GP. Applications reviewed by the MMP under Exceptional Circumstances may take up to three working days before approval or non-approval will be communicated back to the GP through the GP Application Suite.

MMP have reviewed and approved cases where an indication of PHN is outlined or the application for neuropathic pain clearly indicates an unmet clinical need where all other therapeutic options have been trailed.

It is important to note that online application must be initially be made via the GP Application Suite for reimbursement to be authorised.

All appeals are reviewed on a case-by-case basis taking into account the initial online application and the information in the appeal submission.

From 1st April 2018 a number of changes have been made to the current online reimbursement application system for lidocaine 5% medicated plaster (Versatis).

To facilitate hospital prescribers and reduce the burden on GPs, the PCRS has opened the reimbursement application system to hospitals under 'Services for Hospitals' on the PCRS website (www.pcrs.ie). Therefore, it will be no longer mandatory for the application to be submitted by GPs as all clinicians once user-registered with the PCRS will be authorised to apply for reimbursement. The same criteria will apply to all clinicians.

All patients including those with an indication of post-herpetic neuralgia (PHN) will need to be reviewed and approved by the MMP prior to the initiation of treatment. The current automatic approval for patients who received recent antiviral treatment will no longer apply.

Once a patient is approved for reimbursement support by the MMP irrespective of the indication, there will be no expiry on the duration of treatment. The application will not need to be re-submitted. This will also apply to applications currently approved by the MMP to date.

Only online applications are accepted for reimbursement to be authorised. In the case of negative reimbursement decision, an appeal can be sent directly by the clinician to the MMP at mmp@hse.ie or by post. It is imperative that all additional information supporting the use of lidocaine 5% medicated plaster (Versatis) is

submitted in order to assess the unmet clinical need and to ensure an informed reimbursement decision.

7.1.16 Reimbursement for Apixaban, Dabigatran and Rivaroxaban

The HSE has approved reimbursement for Apixaban, Dabigatran and Rivaroxoban in circumstances where one of the products is used as a second line therapy when warfarin may not be appropriate.

These three Oral Anticoagulant Drugs (NOACs) continue to present significant clinical, financial and operational challenges to the healthcare system.

Warfarin remains the recommended first line agent reimbursed (including for newly diagnosed patients). Apixaban, Dabigatran and Rivaroxaban should be reserved for:

1. Existing patients on Warfarin with poor INR control despite adhering to monitoring and lifestyle requirements and documented attempts to optimise Warfarin therapy.
2. Existing patients who require regular periodic treatment with medicines that are known to interact with Warfarin.
3. Patients with a documented allergy to Warfarin.

The HSE has approved reimbursement for rivaroxoban 2.5mg (Xarelto®) film coated tablets under Community Drug Schemes from 1st October 2022. This product is approved for reimbursement on the basis of managed access. Conditional reimbursement is for one of the two licensed indications in adult's patients:

Rivaroxaban (Xarelto®) 2.5mg, co-administered with acetylsalicylic acid (aspirin), for the prevention of atherothrombotic events in adult's patients with coronary artery disease (CAD) or symptomatic peripheral artery disease (PAD) at high risk of ischaemic events.

Prescribers will be required to apply for reimbursement approval on an individual patient basis, demonstrating that management of cardiovascular risk factors such as hyperlipidaemia, hypertension and diabetes mellitus have been optimised.

GPs once user-registered with the PCRS, will be authorised to apply for reimbursement, through the Special Drug Request (SDR) section on the GP Application Suite. The reimbursement application should be made by the prescriber responsible for the initiation of treatment.

Applications submitted will be reviewed by the MMP before a reimbursement recommendation is made. This recommendation will be communicated through the online reimbursement application system. Once a patient is approved for reimbursement there will be no expiry on the duration of this approval.
Incomplete applications will not be approved. In the case where additional clinical information is required, the application will be returned to the prescriber through the online reimbursement application system

7.1.17 Benzodiazepines, Z-Drugs and Pregabalin

The Medical Council raised patient safety concerns in relation to the prescribing of pregabalin in September 2019. The need for vigilance is due to the risk of addiction, and potential for illegal diversion and medicinal misuse has been previously highlighted. A risk/benefit assessment should be undertaken prior to prescribing pregabalin to ensure appropriateness and minimise the risks of misuse, abuse and dependence. The Medical Council has issued advice to all doctors prescribing benzodiazepines, z-drugs and pregabalin to follow best practice guidelines and to only prescribe these medicines when absolutely required.

7.1.18 Paxlovid®

The HSE COVID-19 TAG recommend the use of Paxlovid for:

1. Unvaccinated adult patients at risk of progressing to severe COVID-19 infection i.e. those over 65 or those under 65 with additional risk factors
2. Immunocompromised adult patients at risk of progressing to severe COVID-19 infection who, despite vaccination, are unlikely to have protective immunity
3. Vaccination adult patients at high risk of severe disease (adults aged over 75 years or adults aged over 65 years with additional risks). Vaccinated adult patients in this tier, who have not received a COVID-19 vaccine booster dose are likely at higher risk for severe disease; patients in this situation should be prioritised for treatment.

7.1.19 Saxenda®(Liraglutide) 6mg/ml pre-filled pen

From 1st January 2023, the HSE approved reimbursement of Liraglutide (Saxenda®) 6mg/ml solution for injection in pre-filled pen under Community Drug Scheme (GMS/DPS).

Due to the potential budget impact associated with this medicine, PCRS has introduced a reimbursement application system to ensure appropriate patients have access to this treatment. Applications can be made through the Special Drug Request portal under 'Claiming' on the PCRS GP Suite.

Applications submitted will be reviewed by the MMP before a reimbursement recommendation is made. This recommendation will be communicated to the prescriber through the online reimbursement application system. For any queries relating to this recommendation, email mmp@hse.ie

It is important to note the Victoza® (liraglutide) is not approved for reimbursement for weight management. Prescriptions for Victoza® at doses in excess of 1.8mg are outside the licensed indication. The maximum quantity allowed under GMS and LTI is one box of Victoza® per month (or a maximum of three pens) for the treatment of adult, adolescents and children aged 10 years and above with Type II Diabetes only.

7.1.20 Nilemdo® (Bempedoic Acid) and Nustendi®(Bempedoic Acid/Ezetimibe)

From 1st September 2024, the HSE approved reimbursement of Nilemdo®(Bempedopic Acid) 180mg tablets and Nustendi® (Bempedoic Acid/Ezetimibe) 180mh/10mg tablets under Community Drug Schemes. These products are approved for reimbursement on the basis of managed access for their licensed indications.

Due to the potential budget impact associated with this medicine, PCRS has introduced a reimbursement application system to ensure appropriate patients have access to this treatment. Applications can be made through the Special Drug Request portal under 'Claiming' on the PCRS GP Suite.

7.2 Community Registered Nurse Prescriber (RNP)

7.2.1 Introduction

Circular SO222-NCO-09, stated the policy decision that certain HSE community RNP's will be issued with a pad of Primary Care Prescription Forms with their own allocated GMS number. It encompasses the General Medical Services (GMS), Drugs Payment (DPS), Long Term Illness (LTI) and Health Amendment Act (HAA) prescribing schemes. The RNPs GMS number will be allocated once the PCRS has been notified that the RNP is authorised by the HSE employer to commence prescribing.

Practice Nurses who are RNPs may be enabled to prescribe under the GMS system. Practice Nurses employed by a GP will not be issued with a separate prescription pad but should be facilitated to use the GMS Prescription Pad that their employer holds within the GP practice setting.
RNPs employed in the following settings will not be issued with Primary Care Prescription pads

1. Acute/Specialist hospitals
2. Mental Health Services
3. Private hospitals
4. Private Nursing Homes
5. General Practice (see paragraph above regarding practice setting)

7.2.2 Community RNPs employed in Voluntary and Statutory Services of the HSE

Specific criteria will apply to the decision to issue a Community RNP with a Primary Care Prescription Pad confirming that:

1. RNP's service area is a community setting where the RNP is working in collaboration with GPs and GMS prescriptions are normally used
2. The community RNP is a HSE/statutory voluntary sector employee
3. The nurse/midwife applying to use the system is an RNP with current valid registration with Nursing & Midwifery Board of Ireland (Bord Altrana is agus Cnaimhseachais na hEireann)

4. The RNP's collaborating medical practitioners are currently using the GMS system
5. The Director of Nursing/Midwifery/Public Health or relevant nurse manager has approved the RNP's approved the RNP's application to use the GMS prescribing system
6. The REO/Health Region have supplied notification and authorisation to PCRS for the Community RNP to be issued with a GMS number with a Primary Care Prescription Pad

7.2.3 Application Process for Primary Care Prescription Pads

A formal application process will be used for each community RNP applying to use the system consisting of a GMS Form of Notification and Authorisation for RNPs. The form requires 4 parts to be completed by different bodies

1. Part 1 – initiated by the RNP
2. Part 2 – approved by the Director of Nursing/Midwifery/Public Health/relevant service manager
3. Part 3 – authorised by the HSE REO/Health Region Manager
4. Part 4 – PCRS administration

The completed application form should be submitted by the HSE REO/Health Region Manager to the:
Contract Support Unit,
HSE Primary Care Reimbursement Service,
J5 Plaza, North Park Business Park,
Exit 5, M50,
North Road,
Finglas, Dublin 11,
D11 PXTO.

7.3 Standard Oral Nutritional Supplements (ONS)

Please find list of products (List A) (appendix IX) that are recommended as first-line choice when prescribing standard ONS.

The requirement for prior reimbursement approval for non first-line standard ONS (list B) (appendix VII) by prescribers or HSE employee dieticians. A reimbursement application system for non first-line standard ONS went live 1st July 2019.

The HSE has provided a simple patient information leaflet which you may wish to use in your practice. The information is also be available on the MMP website (www.hse.ie/yourmedicines).

There will be no requirement to apply for reimbursement approval of first-line standard ONS products (List A).

If a standard ONS on List A is deemed not clinically appropriate, applications for products can be made through the Special Drug Request section on the Doctor Application Suite (Claiming > Special Drug Request). Reimbursement approvals

may take up to 3 working days before approval or non-approval will be communicated back through GP Application Suite.

Prior reimbursement approval is only required where you wish to maintain or initiate a patient on a product from List B. No other nutritional product is affected. If your patient has a diagnosis of dysphasia and requires semi-solid style ONS, it is necessary to access the application system to get approval in these circumstances.

7.3.1 Foods for Special Medical Purposes (FSMPs)

From 17th April 2023, reimbursement support for Foods for Special Medical Purposes (FSMPs) that are on the formal Reimbursement List will be accepted on foot of a Registered Dietitian recommendation. The Dietitian must be CORU registered with a PCRS 5-digit Dietitian number assigned to be accepted for the purposes of reimbursement support under Community Drug Schemes and will be restricted to recommending FSMP products on the Reimbursement List (i.e. Clinical Nutritional Products).

The Dietitian reimbursement product list/formulary is available on the HSE PCRS website https://www.sspcrs.ie/druglist/pub. Under 'Category' choose 'Clinical Nutritional Products' from the drop down menu and click on 'Search' to see full list of products.

The requirement for prior reimbursement approval for non first-line standard ONS (List B) by prescribers or HSE employed Dietitians remains in place. The only reimbursement application system for List B is unchanged with the move to the provision of the dispensing FSMPs by Community Pharmacy Contractors under Community Drugs Schemes as recommended by a Registered Dietitian.

If a Registered Dietitian recommends a List B ONS then an on-line application must be completed and approved in order for these specific ONS to be reimbursed. This is the same manner as GPs and hospital prescribers. (appendix List B (Products Requiring Prior Approval)

It is important to remember that ONS products in particular are not repeatable and must be written on monthly prescriptions. This does not apply to other PSMPs or patients on enteral tube feeds i.e. PEG, RIG, Nasogastric tubes.

8 Administrative Arrangements

8.1 Submission and Reimbursement of Special Type Consultation claims

Manual claims must be submitted by the 7th day of the month, in order to ensure prompt payment. Should the 7th of the month fall on a weekend or public holiday, the deadline for claims submission will be extended until the close of business on the next working day.

Summary of Claims Certificates are available by calling the Doctor Unit on 01 8647100 option 2.

Claims should be forwarded to the Primary Care Reimbursement Service, P.O. Box 2828, Finglas, Dublin 11, D11 PXT0. Please note this is not a free post service.

Valid claims entered online by the last day of the month, will be paid by the 15th day of the following month. In order to discharge its obligations in relation to public accountability, the PCRS reserves the right to audit the original claims from time to time, and to evidence third party verification. Accordingly, you are required to retain the original claims (i.e. the original Special Type Consultation Claim forms) securely for a period of no less than six years from the date of the claim.

8.2 Monthly Detailed Payment Listing

Details of claims will be reported on a 'Detailed Payment Listing' available on the GP Suite under 'Panel Management' heading.

8.3 Submission and Reimbursement of Opioid Substitution (Methadone) claims

Claims must be submitted by the 10th day of the month, in order to ensure prompt payment. Should the 10th of the month fall on a weekend or public holiday, the deadline for claims submission will be extended until the close of business on the next working day.

Summary of Claims Certificates are available by calling the Facilities Unit on 01 8647100.

Claims should be forwarded to the Primary Care Reimbursement Service, Department of Health and Children, P.O. Box 6422, Finglas, Dublin 11, D11 PXT0. Please note this is not a free post service.

8.4 Opioid Substitution (Methadone) Detailed Payment Listing

Details of claims will be reported on a 'Detailed Payment Listing' available on the GP Suite under 'Panel Management' heading.

8.5 Withholding Tax from Payments for Professional Services

Under the terms of the Finance Act, the Primary Care Reimbursement Service is obliged to deduct Withholding Tax, (currently 20% of Fees) from all payments for

professional services by contractors under all Schemes administered by the Primary Care Reimbursement Service.

Each contractor is required under the relevant legislation to furnish the Primary Care Reimbursement Service with his/her income tax reference number on a form provided. From 1st July 2021 the Primary Care Reimbursement Service will no longer issue a completed form F45-1 each month, showing details of the payment and tax deducted to each contractor who has submitted a Tax Reference Number – such information is also shown on a monthly Summary Listings. The introduction of ePSWT means that PCRS will make a payment notification online on ROS. When a contractor logs onto their ROS account as a Specified Person they will see 'PSWT Withheld from you' heading on the PSWT page, by clicking same the contractor can view the Payment Notification details of PSWT submitted on their behalf. Further information about the planned system development and other Revenue system improvements are published by Revenue on an ePSWT information portal on https://www.revenue.ie.

Where no tax reference number has been submitted, the Primary Care Reimbursement Services will be obliged to deduct the tax, by will not be authorised to issue form F45-1. It appears that in such circumstances a contractor would be unable to make a claim to the Inspector of Taxes in respect of Withholding Tax paid.

Any queries you may have in relation to Withholding Tax, should be directed to the Inspector of Taxes for your own region.

8.6 Taxes Consolidation Act, 1997

Under Section 1008A (4) of the Taxes Consolidation Act, 1997, where individual GPs enter into contracts with the HSE to provide certain medical services and provide those services in the conduct of a partnership with other individual GPs, the income can be treated for income tax purposes as that of the partnership.

Section 1008A also ensures that on making of a joint election by a GP and a medical partnership in which s/he is a partner amounts paid to or for the benefit of the GP by the HSE in respect of GMS and ancillary public services may be treated as income of the medical partnership. The election includes confirmation of the proportion of the relevant income provided by the individual GP partner as it relates to the medical services provided by the GP partner.

The Act also stipulates that GPs are required to notify the Revenue Commissioners by making a joint election on or after 1st January 2024 and provide the tax reference number of the partnership to the HSE. In order to facilitate this requirement, the HSE require GPs to completed the GP Medical Partnership Joint Notification Form.

8.7 E-Tax Clearance

Tax Clearance Status for all suppliers and service providers who receive payments in excess of €10,000 within a twelve-month period must be confirmed as tax complaint prior to release of payment. Contractors must satisfy themselves, they

have a valid Tax Clearance Certificate (TCC). Full details on how to apply for E-Tax Clearance are available directly from the Irish Revenue website on www.revenue.ie.

The Tax Clearance Status of all relevant recipients will be checked on a monthly basis through online data upload. It is important to note that until Tax Clearance Status has been confirmed payments will be held.

8.8 Probity

The Health Service Executive/PCRS is obliged to ensure that accuracy and reasonableness of claims submitted from contractors.

PCRS has a probity function dedicated to:

- Preventing, detecting and deterring of invalid, inappropriate or fraudulent claims
- Identification and management of risk
- Ensuring contractor compliance with the claiming terms of their contract
- Identification and monitoring of contractor claiming patterns.

As a contract holder, you are responsible for ensuring the accuracy and reasonableness of claims submitted for payment by your practice. All claims for payment should represent the treatment/service provided in compliance with the definitions set out under contract (as amended or varied by Circular); all services provided should be documented in the patients' medical records.

As part of the General Practice Inspection process and in accordance with Article 22 of your GMS Contract (Form of Agreement with Registered Medical Practitioner for Provision of Services under Section 58 of the Health Act 1970) and Section 7 of the Health Act, the HSE PCRS having obtained patient consent may seek to arrange an inspection of certain medical records held by you.

Where, after investigation and review by HSE internal probity governance oversight systems, matters are identified which raise concerns in relation to the possibility of fraud, the HSE standard operating procedure and indeed statutory responsibilities under Section 19 of the Criminal Justice Act 2011 require it to refer such cases to the Garda National Economic Centre Bureau for criminal investigation. The HSE PCRS may also make referrals as appropriate to:

- The CEO of the HSE (disciplinary process under contract);
- The Medical Council

8.9 Business Performance Management (BPM)

The Health Service Executive/PCRS is obliged to verify the accuracy and reasonableness of claims submitted for payment and routinely checks Special Type Consultation and Special Items of Service claim forms. This is done through verifying details contained in the electronic claims submitted against original claim forms.

In completing this exercise, the HSE/PCRS will deem any claim electronically submitted that does not have a corresponding fully completed original STC form submitted for verification as a claim not in accordance with the GMS contracts, and is entitled to recoup any payment made on foot of those claims.

8.10 EU General Data Protection Regulation (GDPR)

The EU General Data Protection Regulation (GDPR) came into effect 25th May 2018, replacing the existing data protection framework under the EU Data Protection directive. The HSE PCRS have published a Privacy Statement on the following websites: www.pcrs.ie; www.medicalcard.ie; www.mymedicalcard.ie.

Patient records that are created and maintained by a primary care contractor do not fall within the remit of the HSE PCRS. The primary care contractor is the Data Controller for such records.

However, as a service provider under the 1970 Health Act (as amended), you have agreed to provide healthcare services to eligible patients. In order for the HSE PCRS to facilitate the payment for such services, claim documentation, which should include personal data relating to the person to whom the service was provided, is furnished by the Primary Care Contractor to the HSE PCRS on a monthly basis.

All data outlined on these claim forms are held securely by the HSE PCRS, in line with the obligations under Data Protection legislation. Data provided to the HSE PCRS are not used for any purpose other than is permitted by legislation.

The HSE PCRS is the Data Controller for records created and maintained in respect of persons that have made application for Medical Card eligibility and GP Visit Card eligibility. The HSE PCRS also maintains an electronic record (including personal data) in respect of persons that have eligibility under the Community Drugs schemes and other arrangements and as such, the PCRS fulfils its obligations as the Data Controller for data maintained for the effective administration of these schemes and arrangements.

8.11 Contact Information/Queries

When submitting written queries regarding payments made or general queries, please quote your Doctor Number and a brief explanation as to the nature of your query. Queries may be submitted via the below methods.

In writing: Doctors Unit
HSE – Primary Care Reimbursement Service
P.O. Box 2828
Finglas
Dublin 11
D11 PX10

By Phone:01 864 7100 option 2

By Fax: 01 89414895

By Email: pcrs.doctorsqueries@hse.ie

9 Useful telephone numbers

Address	Telephone	Fax
Primary Care, HSE Dublin Mid-Leinster, 52 Broomhill Road, Tallaght, Dublin 24	01-4632826	01-4632847
Primary Care, HSE Dublin Mid-Leinster, St. Loman's Hospital, Delvin Road, Mullingar, Co Westmeath	044 9384444	044 9384431
Primary Care, HSE Dublin North East, Swords Business Campus, Balheary Road, Swords, Co Dublin	01-8908705	01-8131870
Primary Care Unit, Integrated Health Areas of Dublin North County and Dublin North City & West, Nexus Building, Units 4&5, Blanchardstown Corporate Park, Dublin 15	01-7785509	n/a
Primary Care, HSE Dublin North East, Railway Street, Navan, Co Meath	046 9076437	046 9071052
Primary Care, HSE South East, Lacken, Dublin Road, Kilkenny	056 7784296	056 7784391
Primary Care Unit, HSE South, Floor 3, Block 15, St. Finbarr's Hospital, Douglas Road, Cork	021 4923833 021 4923800 021 4923827	021 4923820
Department of Chief Office, HSE North West, Health Region Area 1 (Cavan, Donegal, Leitrim, Monaghan & Sligo), An Clochar, Ballyshannon Health Campus, College Street, Ballyshannon, Co Donegal.	071 9834000 071 9852607	n/a

Address	Telephone	Fax
Primary Care, HSE West, Merlin Park, Co Galway	091 775673 091 775920	091 775917
Primary Care, HSE Mid West, SW Wing, St. Joseph's Hospital, Mulgrave Street, Limerick	061 461137 061 461140 061 464002	061 461556

9.1 Other numbers of assistance

Name of Organisation	**Phone number**
National Cancer Screening Service (NCSS)	061 461390
Central Treatment List (Methadone)	01-6488640
Mercers (Pension)	01-6039700
National Immunisation Office	01-8676102
Irish College of General Practitioners (Heartwatch)	01-6763705
Irish Medical Organisation (IMO)	01-6767273
National Contracts Office	044-9395519

10 How/Where to order paperwork

Details as to where a contractor orders paperwork

Details	How and where to order	Information
GMS Regular Prescription pads	GP Application Suite	Email: pcrs.supplies@hse.ie Phone: 018647100
GMS Repeat Prescription pads	GP Application Suite	Email: pcrs.supplies@hse.ie Phone: 018647100
GMS Regular Computerised Prescription pads	GP Application Suite	Email: pcrs.supplies@hse.ie Phone: 018647100
GMS Repeat Computerised Prescription pads	GP Application Suite	Email: pcrs.supplies@hse.ie Phone: 018647100
Methadone Claims, Prescription and Summary of claims certificate	Email/phone, PCRS	Email: pcrs.supplies@hse.ie Phone: 018647100
White Stock Order Forms	Phone/letter, local Community Healthcare Organisation	
Pink Stock Order Forms	Phone/letter, local Community Healthcare Organisation	
FPI Domiciliary Visit Books	Phone/letter, local Community Healthcare Organisation	
FPI Surgery Visit Books	Phone/letter, local Community Healthcare Organisation	
Special Type Consultation Claim form	Phone/letter, local Community Healthcare Organisation	
Special Type Consultation Summary of claims certificate (summary pad)	GP Application Suite	Phone: 018647100 option 2
Hepatitis Claim form	Phone/letter, local Community Healthcare Organisation	
ALF/1 forms	Phone/letter, local Community Healthcare Organisation	
MLF/2 forms	Phone/letter, local Community Healthcare Organisation	
PSN/1 forms	Phone/letter, local Community Healthcare Organisation	

Appendix I

STATUTORY INSTRUMENTS.

S.I. No. 458 of 2023

PUBLIC SERVICE PAY AND PENSIONS ACT 2017 (SECTION 42)
(PAYMENTS TO GENERAL PRACTITIONERS) (AMENDMENT) (NO. 2)
REGULATIONS 2023

S.I. No. 458 of 2023

PUBLIC SERVICE PAY AND PENSIONS ACT 2017 (SECTION 42) (PAYMENTS TO GENERAL PRACTITIONERS) (AMENDMENT) (NO. 2) REGULATIONS 2023

I, STEPHEN DONNELLY, Minister for Health, in exercise of the powers conferred on me by section 42 of the Public Service Pay and Pensions Act 2017 (No. 34 of 2017), being satisfied that subsection (6) of that section has been complied with; having complied with subsection (9) of that section; having had regard to the matters specified in paragraphs (a) to (e) of subsection (10) of that section, with the consent of the Minister for Public Expenditure and Reform, hereby make the following regulations:

1. These Regulations may be cited as the Public Service Pay and Pensions Act 2017 (Section 42) (Payments to General Practitioners) (Amendment) (No. 2) Regulations 2023.

2. These Regulations shall be deemed to have come into operation on 1 August 2023.

3. In these regulations –

"Principal Regulations" means the Public Service Pay and Pensions Act 2017 (Section 42) (Payments to General Practitioners) Regulations 2019 (S.I. No. 692 of 2019) (as amended by the Public Service Pay and Pensions Act 2017 (Section 42) (Payments to General Practitioners) (Amendment) Regulations 2020 (S.I. No. 311 of 2020), the Public Service Pay and Pensions Act 2017 (Section 42) (Payments to General Practitioners) (Amendment) (No. 2) Regulations 2020 (S.I. No. 685 of 2020) and the Public Service Pay and Pensions Act 2017 (Section 42) (Payments to General Practitioners) (Amendment) Regulations 2022 (S.I. No. 23 of 2022) and the Public Service Pay and Pensions Act 2017 (Section 42) (Payments to General Practitioners) (Amendment) Regulations 2023 (S.I. No. 30 of 2023)).

4. The Principal Regulations are amended –

(1) by the insertion of the following definitions in Regulation 3:

""Agreement of 2023" means the agreement dated 12th July 2023 between the Minister, the Health Service Executive and the Irish Medical Organisation known as the GP Agreement 2023;

"eligible woman" means a medical card or GP visit card holder whose applicable service is not covered by the Health Act 1970 (Section 67E) (Payments in respect of Contraception Services) Regulations 2022, S.I. No. 451/2022.

Notice of the making of this Statutory Instrument was published in "Iris Oifigiúil" of 22nd September, 2023.

"relevant products" has the meaning assigned to it pursuant to Section 67E (11) of the Health Act 1970 as amended by the Section 6 of the Health (Miscellaneous Provisions) (No. 2) Act 2022;",

(2) by the substitution of "Schedules 10, 21, 37 or 38" for "Schedule 10 or 21" in Regulation 6;

(3) by the substitution of the following schedule for Schedule 2;

"SCHEDULE 2

PART A Services rendered under the Agreement of 2019 and the Agreement of 2023 – payments in respect of delivery of Chronic Disease Management Programme		
Reference Number **(1)**	**Description** **(2)**	**Amount** **(3)**
1.	Annual fee payable in respect of an eligible patient (aged 18 years and over) with one of the chronic conditions listed in the Agreement of 2019	€210.00
2.	Annual fee payable in respect of an eligible patient (aged 18 years and over) with two of the chronic conditions listed in the Agreement of 2019	€250.00
3.	Annual fee payable in respect of an eligible patient (aged 18 years and over) with three or more of the chronic conditions listed in the Agreement of 2019	€300.00

PART B Services rendered under the Agreement of 2019 and Agreement of 2023 – payments in respect of delivery of Modified Chronic Disease Management Programme		
Reference Number **(1)**	**Description** **(2)**	**Amount** **(3)**
1.	Fee for remote review consultation of an eligible patient (aged 18 years and over) with one of the chronic conditions listed in the Agreement of 2019	€55.00
2.	Fee for remote review consultation of an eligible patient (aged 18 years and over) with two of the chronic conditions listed in the Agreement of 2019	€65.00

3.	Fee for remote review consultation of an eligible patient (aged 18 years and over) with three or more of the chronic conditions listed in the Agreement of 2019	€75.00

PART C

Services rendered under the Agreement of 2019 and the Agreement of 2023 – payments in respect of delivery of Chronic Disease Management Programme

Reference Number (1)	**Description** (2)	**Amount** (3)
1.	Opportunistic Case Finding Programme – fee for assessment of a patient (aged 45 years and over) meeting the chronic disease risk criteria as set out in the Agreement of 2019	€60.00
2.	Chronic Disease Prevention Programme – annual fee for assessment of a patient (aged 45 years and over) identified with high-risk of cardiovascular disease or diabetes as set out in the Agreement of 2019 or for assessment of a patient (aged 18 years and over) identified with high-risk of cardiovascular disease or diabetes as set out in the Agreement of 2023	€82.00

PART D

Services rendered under the Agreement of 2019 and the Agreement of 2023 - Practice Nurse Grant

Reference Number (1)	**Description** (2)	**Amount** (3)
1.	Practice Nurse Grant per patient registered for the Chronic Disease Management Programme or the Modified Chronic Disease Management Programme	€28.75
2.	Practice Nurse Grant per patient registered for the Chronic Disease Prevention Programme	€14.35
3.	Practice Nurse Grant per patient assessed under the Chronic Disease Opportunistic Case Finding	€3.20

”

(4) by the insertion of the following schedules after Schedule 34:

"SCHEDULE 35

PART A

Services rendered under the General Medical Services Scheme – Agreement of 2023 – general practitioner capitation rates (all amounts inclusive of former payments towards practice maintenance, equipment and development and former payments in respect of discretionary medical cards)		
Reference Number (1)	**Description (2)**	**Amount (3)**
1.	Child Patient Aged between 8 and 12 years (inclusive)	€100.00

PART B

Services rendered under the General Medical Services Scheme – Agreement of 2023 – general practitioner capitation rates (all amounts inclusive of former payments towards practice maintenance, equipment and development and former payments in respect of discretionary medical cards)		
Reference Number (1)	**Description (2)**	**Amount (Total) (3)**
1.	Male patient aged 13 years or more and less than 16 years	€70.71
2.	Male patient aged 16 years or more and less than 45 years	€90.26
3.	Male patient aged 45 years or more and less than 65 years	€180.29
4.	Male patient aged 65 years or more and less than 70 years	€189.92
5.	Patient aged 70 years or more residing in the community	€403.31

6.	Patient aged 70 years or more residing in a private nursing home (approved by the HSE) for continuous periods in excess of 5 weeks	€644.63
7.	Female patient aged 13 years or more and less than 16 years	€71.52
8.	Female patient aged 16 years or more and less than 45 years	€147.60
9.	Female patient aged 45 years or more and less than 65 years	€198.10
10.	Female patient aged 65 years or more and less than 70 years	€211.87

PART C

Services rendered under the General Medical Services Scheme – Agreement of 2023 – general practitioner capitation rates (all amounts inclusive of former payments towards practice maintenance, equipment and development and former payments in respect of discretionary medical cards)		
Reference Number (1)	**Description (2)**	**Amount (Total) (3)**
1.	Supplementary out of hours fee for services listed in PART B of this schedule only.	€3.64

SCHEDULE 36

Services rendered under the General Medical Services Scheme – Agreement of 2023 – payments in respect of special items of service		
Reference Number (1)	**Description (2)**	**Amount (3)**
1.	Excisions/cryotherapy/diathermy of skin lesions	€24.80

2.	Suturing of cuts and lacerations — including application of tissue glue (does not include paper sutures)	€50.00
3.	Draining of hydroceles	€24.80
4.	Treatment and plugging of dental and nasal haemorrhages	€24.80
5.	Cardiovascular investigations, solely for cases of individual patient care and not general screening or routine screening of individuals or both: (a) Electrocardiography (ECG) tests and interpretation; (b) 24 Hour Ambulatory Blood Pressure Monitoring for diagnosis and treatment of hypertension	 €24.80 €60.00
6.	Removal of adherent foreign bodies from the conjunctival surface of the eye	€24.80
7.	Removal of lodged or impacted foreign bodies from the ear, nose and throat	€24.80
8.	Nebuliser treatment in the case of acute asthmatic attack	€37.21
9.	Bladder catheterization — composite fee for insertion and removal	€60.00
10.	Annual consultation provided to an eligible woman aged less than 45 years for the purposes of obtaining a prescription for accessing relevant products	€55.00
11.	Fitting by a Registered Medical Practitioner of a relevant product that is a Coil for an eligible woman	€160.00
12.	Removal by a Registered Medical Practitioner of a relevant product that is a Coil for an eligible woman	€50.00
13.	Fitting by a Registered Medical Practitioner of a relevant product that is a contraceptive implant for an eligible woman	€100.00
14.	Removal by a Registered Medical Practitioner of a relevant product that is a contraceptive implant for an eligible woman	€110.00
15.	Attendance by general practitioner at HSE-convened case conference	€62.02
16.	GP participation in a Health Service Executive approved Virtual Heart Failure Clinic facilitated	€100

	by a Consultant Cardiologist – fee per eligible patient with heart failure reviewed at virtual clinic	
17.	Provision of therapeutic phlebotomy for eligible patients with haemochromatosis	€100

SCHEDULE 37

Services rendered under the General Medical Services Scheme - Agreement of 2023 - maximum allowances in respect of practice support payable on the basis of a general practitioner's GMS panel size as determined in accordance with Regulation 6 (all amounts inclusive of the former supplementary grant to general practitioners who employed secretaries or nurses or both)		
Reference Number (1)	**Description (2)**	**Amount (3)**
1.	Nursing subsidy (per year) - 1 years' experience	€35,210.25
2.	Nursing subsidy (per year) - 2 years' experience	€37,284.00
3.	Nursing subsidy (per year) - 3 years' experience	€39,353.25
4.	Nursing subsidy (per year) - 4 or more years' experience	€43,725.75
5.	Practice administrator subsidy (per year) - 1 years' experience	€22,844.25
6.	Practice administrator subsidy (per year) - 2 years' experience	€24,749.25
7.	Practice administrator subsidy (per year) - 3 or more years' experience	€26,652.00
8.	Practice manager subsidy (per year)	€41,643.75
9.	Maternity leave subsidy for staff for whom the GP receives a practice support subsidy	75% of reckonable weekly salary minus Statutory Maternity Benefit for 26 weeks

SCHEDULE 38

Services rendered under the General Medical Services Scheme –Agreement of 2023– Additional Capacity Practice Grant, payable on the basis of a general practitioner's GMS panel size of 500 or more as determined in accordance with Regulation 6

Reference Number (1)	Description (2)	Amount (3)
1.	Maximum grant payable (per year) to qualifying GPs	€15,000.00
2.	Maternity leave subsidy for staff for whom the GP receives the additional capacity practice grant.	Weekly grant amount minus Statutory Maternity Benefit for 26 weeks

"

The Minister for Public Expenditure and Reform consents to the foregoing Regulations.

Signed by the minister for Public Expenditure and Reform,
13 September, 2023.

PASCHAL DONOHOE,
Minister for Public Expenditure, National Development Plan Delivery and Reform.

L.S.

GIVEN under my Official Seal,
18 September, 2023.

STEPHEN DONNELLY,
Minister for Health.

EXPLANATORY NOTE

(This note is not part of the Instrument and does not purport to be a legal interpretation.)

These Regulations give effect to payments in respect of services rendered by a general practitioner to or on behalf of the Health Service Executive under and in accordance with the terms of the GP Agreement 2023.

BAILE ÁTHA CLIATH
ARNA FHOILSIÚ AG OIFIG AN tSOLÁTHAIR
Le ceannach díreach ó
FOILSEACHÁIN RIALTAIS,
BÓTHAR BHAILE UÍ BHEOLÁIN,
CILL MHAIGHNEANN,
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Teil: 046 942 3100
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DUBLIN
PUBLISHED BY THE STATIONERY OFFICE
To be purchased from
GOVERNMENT PUBLICATIONS,
MOUNTSHANNON ROAD,
KILMAINHAM, DUBLIN 8,
D08 XAO6

Tel: 046 942 3100
E-mail: publications@opw.ie

ISBN 978-1-3993-2609-4

€ 3.50

(DH-501) 75. 9/23. Propylon.

Appendix II

STATUTORY INSTRUMENTS.

S.I. No. 23 of 2022

PUBLIC SERVICE PAY AND PENSIONS ACT 2017 (SECTION 42) (PAYMENTS TO GENERAL PRACTITIONERS) (AMENDMENT) REGULATIONS 2022

S.I. No. 23 of 2022

PUBLIC SERVICE PAY AND PENSIONS ACT 2017 (SECTION 42) (PAYMENTS TO GENERAL PRACTITIONERS) (AMENDMENT) REGULATIONS 2022

I, STEPHEN DONNELLY, Minister for Health, in exercise of the powers conferred on me by section 42 of the Public Service Pay and Pensions Act 2017 (No. 34 of 2017), being satisfied that subsection (6) of that section has been complied with; having complied with subsection (9) of that section; having had regard to the matters specified in paragraphs (a) to (e) of subsection (10) of that section, with the consent of the Minister for Public Expenditure and Reform, hereby make the following regulations:

1. These Regulations may be cited as the Public Service Pay and Pensions Act 2017 (Section 42) (Payments to General Practitioners) (Amendment) Regulations 2022.

2. These Regulations shall be deemed to have come into operation on 1 January 2022.

3. The Public Service Pay and Pensions Act 2017 (Section 42) (Payments to General Practitioners) Regulations 2019 (S.I. No. 692 of 2019) (as amended by the Public Service Pay and Pensions Act 2017 (Section 42) (Payments to General Practitioners) (Amendment) Regulations 2020 (S.I. No. 311 of 2020) and the Public Service Pay and Pensions Act 2017 (Section 42) (Payments to General Practitioners) (Amendment) (No. 2) Regulations 2020 (S.I. No. 685 of 2020)) are amended by the substitution of the following Schedules for Schedules 1, 2 and 8:

Notice of the making of this Statutory Instrument was published in "Iris Oifigiúil" of 21*st January,* 2022.

"SCHEDULE 1

Services rendered under the General Medical Services Scheme - Agreement of 2019 - general practitioner capitation rates (all amounts inclusive of former payments towards practice maintenance, equipment and development and former payments in respect of discretionary medical cards)		
Reference Number (1)	**Description (2)**	**Amount (Total) (3)**
1.	Male patient aged under 5 years – where GP does not hold an under 6 contract	€74.59
2.	Male patient aged 5 years - where GP does not hold an under 6 contract	€43.29
3.	Male patient aged 6 years or more and less than 16 years	€64.28
4.	Male patient aged 16 years or more and less than 45 years	€82.05
5.	Male patient aged 45 years or more and less than 65 years	€163.89
6.	Male patient aged 65 years or more and less than 70 years	€172.65
7.	Patient aged 70 years or more residing in the community	€403.31
8.	Patient aged 70 years or more residing in a private nursing home (approved by the HSE) for continuous periods in excess of 5 weeks	€644.63
9.	Female patient aged under 5 years – where GP does not hold an under 6 contract	€72.76
10.	Female patient aged 5 years – where GP does not hold an under 6 contract	€43.79
11.	Female patient aged 6 years or more and less than 16 years	€65.02
12.	Female patient aged 16 years or more and less than 45 years	€134.18

13.	Female patient aged 45 years or more and less than 65 years	€180.09
14.	Female patient aged 65 years or more and less than 70 years	€192.61
15.	Supplementary out of hours fee	€3.64

SCHEDULE 2

PART A Services rendered under the General Medical Services Scheme - Agreement of 2019 – payments in respect of delivery of Chronic Disease Management Programme		
Reference Number (1)	**Description** (2)	**Amount** (3)
1.	Annual fee payable in respect of eligible patient (aged 18 years and over) with one of the chronic conditions listed in the Agreement of 2019	€210.00
2.	Annual fee payable in respect of eligible patient (aged 18 years and over) with two of the chronic conditions listed in the Agreement of 2019	€250.00
3.	Annual fee payable in respect of eligible patient (aged 18 years and over) with three or more of the chronic conditions listed in the Agreement of 2019	€300.00

PART B Services rendered under the General Medical Services Scheme - Agreement of 2019 – payments in respect of delivery of Modified Chronic Disease Management Programme		
Reference Number (1)	**Description** (2)	**Amount** (3)
1.	Fee for remote review consultation of an eligible patient (aged 18 years and over) with one of the chronic conditions listed in the Agreement of 2019	€55.00
2.	Fee for remote review consultation of an eligible patient (aged 18 years and over) with two of the chronic conditions listed in the Agreement of 2019	€65.00
3.	Fee for remote review consultation of an eligible patient (aged 18 years and over) with three or more of the chronic conditions listed in the Agreement of 2019	€75.00

PART C Services rendered under the General Medical Services Scheme - Agreement of 2019 – payments in respect of delivery of Chronic Disease Management Programme		
Reference Number (1)	**Description** (2)	**Amount** (3)
1.	Opportunistic Case Finding Programme – fee for assessment of patient (aged 65 years and over) meeting the chronic disease risk criteria as set out in the Agreement of 2019	€60.00
2.	Chronic Disease Prevention Programme – annual fee for assessment of patient (aged 65 years and over) identified with high-risk of cardiovascular disease or diabetes as set out in the Agreement of 2019	€82.00

PART D Services rendered under the General Medical Services Scheme - Agreement of 2019 – Practice Nurse Grant		
Reference Number **(1)**	**Description** **(2)**	**Amount** **(3)**
1.	Practice Nurse Grant per patient registered for the Chronic Disease Management Programme or the Modified Chronic Disease Management Programme	€28.75
2.	Practice Nurse Grant per patient registered for the Chronic Disease Prevention Programme	€14.35
3.	Practice Nurse Grant per patient assessed under the Chronic Disease Opportunistic Case Finding	€3.20

SCHEDULE 8

Services rendered under the General Medical Services Scheme - Agreement of 2019 — fees payable to a general practitioner (GP) for dispensing in accordance with Circular titled "Certain Matters Relating to the Provision of Services Under Section 58 of the Health Act 1970" dated 24 September 1999		
Reference Number **(1)**	**Description** **(2)**	**Amount** **(3)**
1.	Opt-in GP (dispensing doctor)	€48.58
2.	Pilot GP (dispensing doctor)	€56.05
3.	Continuous GP (dispensing doctor)	€12.48

".

The Minister for Public Expenditure and Reform consents to the foregoing Regulations.

L.S.

GIVEN under the Official Seal of the Minister for Public Expenditure and Reform,
19 January, 2022.

MICHAEL MCGRATH,
Minister for Public Expenditure and Reform.

L.S.

GIVEN under my Official Seal,
20 January, 2022.

STEPHEN DONNELLY,
Minister for Health.

EXPLANATORY NOTE

(*This note is not part of the Instrument and does not purport to be a legal interpretation*)

These Regulations shall apply to payments in respect of services rendered by a general practitioner to or on behalf of the Health Service Executive under and in accordance with the terms of the General Medical Services Scheme.

BAILE ÁTHA CLIATH
ARNA FHOILSIÚ AG OIFIG AN tSOLÁTHAIR
Le ceannach díreach ó
FOILSEACHÁIN RIALTAIS,
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ISBN 978-1-3993-1417-6

€3.50

(DH-360) 75. 1/22. Propylon.

Appendix III

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Feidhmeannacht na Seirbhíse Sláinte
Seirbhís Aisíoca Príomhchúraim
Bealach amach 5 an M50
An Bóthar Thuaidh
Fionnghlas
Baile Átha Cliath 11

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Health Service Executive
Primary Care Reimbursement Service
Exit 5, M50
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Finglas
Dublin 11

Tel: (01) 864 7100
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Circular No. 006/14

19th February 2014

Re: GMS Contract and Out of Hours Services

Dear Doctor,

I am writing to you regarding the provision of out of hours services. I enclose for your information a copy of the Out of Hours Clarification Document agreed between the HSE and the IMO and dated 26 July 2013.

The Clarification Document distinguishes between (a) the normal contracted surgery hours and (b) the normal routine surgery hours of your practice. Out of hours claims are not appropriate where a consultation takes place during normal contracted surgery hours or during normal routine surgery hours.

When you entered into your contract with the HSE, you agreed your normal contracted surgery hours with the Local Health Office. These hours are recorded on the claims database and referenced in order to validate claims. The purpose of this letter is now to record your normal routine surgery hours. This information is required to assist the HSE in processing your out of hours claims in accordance with your Contract and ensure payment to you is issued promptly.

Your co-operation is requested in accordance with Clause 28 of your contract, which provides that the HSE and GPs will co-operate in the operation of the contract and the GMS Scheme. Please complete the form attached and return in the enclosed prepaid envelope by close of business on Friday, 14th March, 2014.

Yours sincerely,

Patrick Burke
Primary Care Reimbursement Service

Appendix III

Please complete and return in prepaid envelope

Dr. (Name)

Doctor Number:

Normal/Routine Surgery Hours*

Surgery Address	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

*Note: Normal contracted surgery hours are already recorded by the HSE

Doctors Signature_____ Date _____

Doctors Stamp:

CLARIFICATION DOCUMENT

The Irish Medical Organisation (IM:O) and the Health Service Executive (HSE) referred certain matters relating to "out of hours" and "temporary residence/emergency treatments" to mediation. In the course of the mediation the parties agreed that the Mediator would be invited to issue a guidelines document which might be circulated by HSE to all contracted General Practitioners. The following are guidelines to be used by both General Practitioners and the HSE in determining the validity of any claim for out of hours.

1. The purpose of this document is to provide guidance on what constitutes an eligible "out of hours" service that will be reimbursed by the HSE as such. This document does not vary the terms of the GMS contracts (as amended or varied by Circular) and in the event of any conflict, between the contents of this document and the terms of the contracts (as amended or varied), the contract shall take precedence.

2. Nothing in this document shall alter or interfere with any obligation that a General Practitioner has in respect of his/her ethical obligations to the patient and/or his/her compliance with Medical Council requirements and in particular the Guide to Professional Conduct and Ethics for Registered Medical Practitioners.

3. This document should be read in conjunction with the GMS contracts and relevant Circulars.

4. Pursuant to the GMS contracts (as amended or varied) contracted General Practitioners are obliged to be available for consultations and for domiciliary visiting for a total of 40 hours per week ("normal contracted surgery hours"). Surgeries may be open for longer periods than the normal contracted surgely hours and such hours are referred to as "normal/routine surgery hours". A General Practitioner's surgery arrangements both "normal contracted surgery hours" and "normal/routine surgery hours" shall not discriminate between eligible persons and private patients.

5. Out of hours claims may only be made in respect of appropriate out of hours treatment given by the General Practitioner outside of the hours 9.00am to 5.00pm Monday to Friday and during all hours on Saturdays, Sundays and Bank Holidays.

6. Out of hours claims may not be made in respect of consultations held during nolmal contracted surgery hours or consultations held during normal/routine surgery hours. Out of hours payments will only be made in circumstances where the patient consultation is unforeseen, non routine and necessarily carried out out of hours and cannot be safely deferred until GP services are routinely available.

7. Notwithstanding the fact that a GP may have suitable alternative out of hours arrangements an urgent and unforeseen consultation may be the subject of an out of hours claim if the service provided by that out of hours service is not readily available and/or the patient's complaint is such that she/he required immediate attention and it might be injurious to his/her health to wait to attend the out of ours service.

8. Out of hours claims will <u>not</u> be paid in any or all of the following circumstances:-

   i. The consultation is not urgent and/or is not unforeseen.

   ii. The consultation takes place during an overflow clinic.

   iii. Theconsultation takes place during normal contracted surgery hours.

   iv. The consultation takes place during nonnaVroutine surgery hours.

   v. The patient did not require urgent treatment directly by the GP concerned.

   vi. No face to face out of hours consultation actually took place.

   vii. The consultation is otherwise routine.

   vm. The time of the consultation was not during the specified out of hours period.

9. The decision by a GP to accept or refuse a consultation in respect of any of the foregoing circumstances shall be taken by that GP having regard fo, inter alia, the provisions of the GMS contracts (as varied) and his/her obligations under Medical Council guidelines.

10. The GP shall not be entitled to make a claim for out of hours in respect of consultations that are offered to a patient outside normal hours merely to facilitate the preference of the patient.

11. Special items of service should normally be provided during routine/normal surgery hours and provision of special items of service should not be scheduled for out of hours.

12. If, during the course of an appropriate out of hours consultation it is identified that a patient urgently requires a special item of service which cannot be deferred until the next scheduled surgery then the GP may claim a fee for that special item of service in addition to the out of hours fee provided always that the service is on the agreed list of services which may be reimbursed in respect of out of hours.

13. The following special services may be provided during the course of out of hours consultations:-

Excisions

Suturing of cuts and lacerations

Treatment and plugging of dental and nasal hemorrhages

Electrocardiography (ECG) tests and their interpretation

Removal of adherent foreign bodies from the conjunctival surface of the eye

Removal of lodged or impacted foreign bodies from the ear, nose and throat (not including syringing of the ear for wax)

Nebuliser treatment in the case of acute asthmatic attack

Bladder catheterization

Attendance by GP at HSE convened case conference

Vaccination, Hepatitis B

If the following services are provided out of hours a STC claim only can be made:-

Cryotherapy/diathermy of skin lesions

Draining ofhydroceles

Recognised vein treatment

Instruction in fitting of a diaphragm

Advice and fitting of a diaphragm

Counselling and routine fitting of an intra uterine contraceptive device (IUCD)

Vaccination - influenza,pneumococcal

CLAIMING PROCEDURES

14. It is the obligation of the doctor to ensure that all appropriate claim forms are completed accurately and fully. Out of hours claims may be only made by the "doctor of <;hoice" of a GMS patient or by a partner of the "doctor of choice" who is also a GMS contract holder or by a GMS contract holder who has entered into a recognised rota arrangement with "the doctor of choice" where such arrangements have been approved by the HSE. Such arrangements may include out of hours cooperative rotas. The HSE recognises that such arrangements may give rise to above normal out of hours claims statistics for individual doctors. Any concerns in this area will be brought directly to the attention of the doctor.

15. This document deals only with out of hours arrangements and does not deal with emergency arrangements in the contracts which will be subject to a separate clarification document.

16. Payment of fees shall be made monthly. In the event of the HSE refusing to discharge any fee claimed then it shall within 30 days of the receipt of the claim advise the doctor that the fee is not to be paid and the reason for the refusal thereof. In the event of the HSE refusing to make any payment then the doctor may raise the matter directly with the HSE or may request the IMO to raise it on

his/her behalf. Efforts will be made, where matters are raised by the IMO, to resolve payment issues within a period of eight weeks. In the event of the matter not being resolved by discussions it may, subject to the agreement of both the HSE and the doctor be referred for binding arbitration to an agreed third party. Nothing in this document limits in any way any party's legal rights pursuant to the GMS contracts as amended or varied. Nothing in this clause alters the provisions in the GMS contracts in relation to payments on account.

17. The following are the documents which taken together constitute the OMS contracts as they relate to "out of hours" but is not an exhaustive list of all contractual documentation:

(a) Agreement for the Provisions of Services under Section 58 of the Health Act 1970 as completed by each contracted General Practitioner.

(b) Circular letter entitled "OMS Doctors Contract/Out of Hours Work" dated 6th August 1997.

(c) Circular entitled "February 1998 Agreement and Out of Hours Arrangements and Payments" dated September 1998 .

(d) Document entitled "Out of Hours Claims by General Practitioners under the OMS Scheme" dated 8th October 1999.

(e) Agreement for provision of services under Section 58 of the Health Act 1970 as substituted for by the Health (Amendment) Act 2005 as completed by each contracted General Practitioner (GP Visit Cards).

18. For the avoidance of doubt this document does not form part of the contractual documents between General Practitioners and the HSE for the provisions of services pursuant to Section 58 of the Health Act 1970 (as amended). This document has no legal effect, however it is agreed by the HSE and the IMO that it might be used by the parties to the contracts as guidelines on the appropriateness of claims and payments for out of hours.

Appendix IV

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Feidhmeannacht na Seirbhíse Sláinte
Seirbhís Aisíocaíochta Cúraim Phríomhúil
Plás J5
Lárionad Gnó na Páirce Thuaidh
Bealach Amach 5, M50
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Tel: (01) 864 7100
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Circular 027/15

3rd December 2015

Re: GMS Contract and Claiming of Temporary Resident and Emergency Treatment Fees

Dear Doctor,

Further to the above, the attached clarification document sets out the rules on what constitutes an eligible Temporary Resident or Emergency Treatment service reimbursable by the HSE.

Please ensure that any future claims submitted by you for Temporary Resident or Emergency Treatment are strictly in accordance with the rules set out in the attached.

Yours sincerely,

Anne Marie Hoey

Anne Marie Hoey
Primary Care Reimbursement & Eligibility

Appendix IV

Clarification Document on the Claiming of: Temporary Resident and Emergency Treatment Fees

1. The purpose of this document is to provide guidance on what constitutes eligible claims for fees which are reimbursable by the HSE for Temporary Residents and for Emergency Treatment. This document does not vary the terms of the GMS Contract (as amended or varied by Circular) and in the event of any conflict between the contents of this document and the terms of the GMS Contracts (as amended or varied), the Contracts (as amended or varied) shall take precedence.

2. Nothing in this document shall alter or interfere with any obligation that a general practitioner has in respect of his ethical obligations to the patient and/or his compliance with Medical Council requirements and in particular the Guide to Professional Conduct and Ethics for Registered Medical Practitioners.

3. This document should be read in conjunction with the GMS Contracts, relevant Circulars and Out-of-Hours Clarification Document.

4. Pursuant to the GMS agreement (as amended or varied by Circular) contracted general practitioners are obliged to be available for surgery consultations and for domiciliary visiting for a total of 40 hours per week (normal contracted surgery hours). Surgeries may be open for longer periods than the normal contracted surgery hours and such hours are referred to as "normal/routine surgery hours". A General Practitioner's surgery arrangements both "normal contracted surgery hours" and "normal/routine surgery hours" shall not discriminate between eligible persons and private patients.

5. The payment of additional fees for Temporary Residents is to ensure that clients will have access to GMS services when they move temporarily and are staying in a different geographic area from their normal place of residence, the move to the different geographic area making their registered GP inaccessible. The duration of the GMS client's stay should not exceed three months. If the client stays longer than three months, the client should notify the HSE and change doctor to a doctor practising in the new area in which s/he resides e.g. students. A client would therefore not attend a GP in their own locality as a Temporary Resident.

6. If a GMS client has an accident or requires an emergency consultation for urgent treatment and is unable to receive that treatment from his/her registered GP/Practice because it would be unsafe to wait to attend his/her own GP and/or impractical to access due to travel distance, s/he may attend another GP in the locality where s/he finds him/herself in need of services. The reason for the consultation must be unforeseen, the patient's complaint should be urgent and requires immediate attention which necessitates a consultation being carried out directly. The patient's condition is such that it may be injurious to his/her health to wait to attend his/her registered General Practitioner. Under this provision, a client cannot attend a GP routinely for Emergency Treatment.

7. For clients in receipt of short term care in private nursing homes when the duration of stay is not expected to exceed three months; and where the nursing home is outside of the registered GP's area, then a doctor practising in the area of the home may claim a Temporary Residents fee for service provision. This includes short term respite care.

8. When a client in a private nursing home has an accident and/or requires an emergency consultation for urgent treatment and is unable to receive that treatment from his/her registered GP/Practice because it would be unsafe or impractical to access, another GP may provide a service and claim an emergency fee. Emergency fees cannot be routinely claimed for clients in nursing home care. Payments of emergency claims for clients in nursing homes should therefore be of an exceptional nature.

9. Where a GP sees a temporary resident (as defined above) during an out-of-hours period, if the Claiming GP is not in a rota with the Registered GP (Choice of Doctor) the fee payable is for a Temporary Resident. If the Claiming GP is in a rota with the Registered GP (Choice of Doctor), then an out-of-hours claim, in accordance with the GMS Contract is applicable.

10. If an emergency occurs out-of-hours and the claiming GP is in a rota with the Choice of Doctor, then an OOH claim in accordance with the GMS Contract is applicable. If the Claiming GP is not in a rota with the Registered GP and the client has not moved temporarily into the area then an emergency fee is claimed.

11. Provision of Special Type Consultations for special items of service should be in accordance with clinical guidelines for the particular service.

12. Special Type Consultations (STCs) for special items of service and vaccinations are generally claimed by the registered doctor/choice of doctor, with services provided during routine surgery hours. The following STCs for special items of service may be claimed in conjunction with claims for Emergency Treatment and Temporary Residents.

	Special Services which can be claimed with Emergency and Temporary Claims		
Ref. No.	**Description of Special Service**	**Emergency Claim**	**Temporary Claim**
1a	Excisions		
1b	Cryotherapy/diathermy of skin lesions		
2	Suturing of cuts and lacerations		
3	Draining of hydroceles		
4	Treatment and plugging of dental and nasal haemorrhages		
5	Recognised vein treatment The fee is only paid where sclerotherapy treatment is involved and will not be payable where dressings only are provided.		

6	Electrocardiography (ECG) tests and their interpretation The fee payable will include the recording as well as interpretation of ECG tests		
7	Instruction in the fitting of a diaphragm		
8	Removal of adherent foreign bodies from the conjunctival surface of the eye		
9	Removal of lodged or impacted foreign bodies from the ear, nose and throat (syringing of the ear for wax is not claimable)		
10	Nebuliser treatment in the case of acute asthmatic attack		
11	Bladder catheterization		
12	Advice and fitting of a diaphragm		
13	Counselling and fitting of an intra uterine contraceptive device (IUCD)		
14	Attendance by GP at HSE convened case conference		
	Vaccination – influenza, pneumococcal, Hep B	**Hep B first shot only**	

The special item of service fee and not an emergency fee is claimable if the following services are provided during the course of a consultation:-

- Cryotherapy/diathermy of skin lesions
- Draining of hydroceles
- Recognised vein treatment
- Advice and fitting of a diaphragm
- Counselling and routine fitting of an intra uterine contraceptive device (IUCD)
- Vaccination – influenza, pneumococcal

13. Temporary Residents claims should not be made in any or all of the following circumstances:-

a) The claiming GP is the registered GP/Doctor of Choice; or
b) The claiming GP is operating in the same practice, arrangement or locality as the registered GP; or
c) The claiming GP is through an arrangement providing services on behalf of the registered GP; or
d) The claiming GP is operating in a rota arrangement with the registered GP; or
e) The client is not temporarily resident outside of his/her own area and/or is living at his/her permanent address; or
f) The client opts to attend a GP who is not his/her Doctor of Choice, even if the change of doctor process is pending; or
g) The client has moved temporarily and his/her temporary residence is accessible to the registered GP; or
h) The client is ordinarily resident in the location of the claiming doctor for a period in excess of three months; or
i) The registered GP, (Choice of Doctor), or a doctor providing services on behalf of the registered GP, is accessible and available to provide the consultation; or

j) The client is attending a GP, (not his/her registered doctor) under the Methadone Contract, or as part of another health programme; or
k) The client is in a private nursing home and the nursing home is in his/her registered doctor's area or:
   - the client is ordinarily resident there; or
   - the client is in receipt of long term care; or
   - the duration of stay is expected to be greater than three months; or
   - the duration of stay has exceeded three months; or
l) The claim is otherwise not in accordance with the claiming guidelines.

14. Emergency Treatment claims should not be made in any or all of the following circumstances:-
   a) The claiming GP is the registered GP/Doctor of Choice; or
   b) The claiming GP is operating in the same practice or arrangement as the registered GP; or
   c) The claiming GP is through an arrangement providing services on behalf of the registered GP; or
   d) The claiming GP is operating in a rota with the Registered GP; or
   e) The consultation is not in emergency circumstances; or
   f) The patient's condition does not necessitate an immediate consultation to be carried out and does not necessitate emergency treatment; or
   g) The consultation is routine in nature; or
   h) The client opts to attend a GP who is not his/her Doctor of Choice, even if the change of doctor process is pending; or
   i) The registered GP, (Choice of Doctor), or a doctor providing services on behalf of the registered GP, is accessible and available to provide the consultation; or
   j) The claim is otherwise not in accordance with the claiming guidelines.

15. It is the obligation of the doctor to ensure that all appropriate claim forms are completed accurately and fully.

Appendix V

feidhmeannacht na Seirbhfse Slainte
Health Service .li"reCutive

Primary Care Reimbursement Service
Security Certificate Requisition Form
Primary Care Contractor (PCC) vl.S

Information and Data Protection Notice

1. A security certificate is required to authenticate your electronic communications with PCRS, e.g. electronic claim submissions.
2. Security certificates can issue on the basis of provisional contract numbers. Full contract setup is required for reimbursement.
3. The latest version of this form is always available on online services section at www.pcrs.ie. Please check the version number at the top right of this document. Requisitions must be made on the latest version of the form.
4. Please use BLOCK CAPITALS and complete all sections. ***Mobile Number is mandatory.*** Forms which cannot be processed will be returned to sender by post.
5. **Data Protection Notice:** Personal data collected by the HSE is used for the purpose of providing a health service. It is required, stored, processed and disclosed to other bodies in accordance with the laws relating to proper treatment of personal data.

Part 1: Requisition Type

Additional: In cases where a first or second etc. computer is to be configured to communicate with PCRS. **Replacement:** In cases where the PCC had a certificate for which a replacement is now required. **Standard:** Secure codes will be dispatched by post within 5 working days from receipt. Requisitions must be received at PCRS by the **15th of each month. Emergency:** Secure codes will be issued by email directly to a PCC and only if the requisition can be verified. If an email address is not available, an emergency requisition will not be processed.

Please Insert "Additional" or "Replacement"	
Please Insert "Standard" or "Emergency"	

If emergency, state the reason. This will be reviewed and the requisition processed as an **emergency only in certain cases.** Late applications are not treated as emergencies.

Part Z: Applicant's Details

PCC Number:		**PCCStamp**
Trading Name:		
First Name:		
Surname:		
Phone Number:		
Mobile Number:		**PCC Address:**
Fax Number:		
PSI/MC Number:		
VAT Number:		
E-mail Address:		

Please note that the details above are mandatory and are used to verify the requisition from a security perspective. The PSI number/ Medical Council number of the PCC is required.

Part 3: Declaration

I the primary care contractor am seeking to be provided with a security certificate which will allow my computer system to communicate with the PCRS. I ensure that all appropriate physical security arrangements are in place regarding my computer infrastructure (e.g. personnel access to and use of it). I ensure that secure arrangements are made to destroy old computer infrastructure as it is replaced. I have appropriate contractual arrangements in place from a security point of view with any third parties who assist with my computing infrastructure.

Signature: Dated:

Please scan and email the completed, signed and stamped form to cert_info@hse.ie. Alternatively, post the form to;
IT Operations, Primary Care Reimbursement Service, Exit 5 MSO North Road Finglas, Dublin 11. Faxed forms not accepted.

Appendix VI

Maternity and Infant Care Scheme

Online Submission

I wish to submit my registrations and claims under the Maternity and Infant Care Scheme online.	GMS Number
General Practitioner Signature & Date:	
Maternity and Infant Care Scheme effective date: i.e. Date in which Maternity and Infant Care Scheme contract was signed	
General Practitioner Stamp:	

If you are interested in registering to submit your claims online please complete this form and return in the pre-paid envelope provided or by email to pcrs.maternityandinfant@hse.ie

Fadhmeannacht na Seirbhíse Sláinte
Health Service Executive

Application Form for Notification and Authorisation of Community Registered Nurse Prescriber (RNP)

Introduction

The issue of circular S0222-NC0-09 *Alignment of Community Drug Schemes to incorporate Nurse and Midwife Prescriptions* (27 May 2009) indicated that the policy decision is that HSE community RNPs will be issued with a pad of *Primary Care Prescription Forms* with their own allocated GMS number. This number will be allocated once the Primary Care Reimbursement Service (PCRS) has been notified that the RNP is authorised by the HSE employer to commence prescribing. This form sets out the process for authorisation.

This form is for the use of the Statutory and Voluntary services of the HSE only

Part 1: Registered Nurse Prescriber to complete

I am applying to use the GMS system as a community RNP. Please see below my application details

		Insert Details/Comment
1	RNP name (use **block** capitals) • Forename • Surname	
2	An Bord Altranais Personal Identification Number (PIN)	
3	Date registered as an RNP with An Bord Altranais	
4	HSE Health Area Manager/Local Health Office (LHO) Area of Employment and Health Area /LHONumber	
5	HSE StatutoryNoluntary Services Employee Number (i.e. personnel number)	
6	Contact address of HSE StatutoryIVoluntary HSE service where I am employed and from which authorised to prescribe	
7	Contact details • Office telephone (including prefix) • Mobile • email	
8	My clinical area of practice is (for example public health nursing, tissue viability, palliative care etc.)	
9	Name of Collaborating General Practitioner(s) (if multiple please insert names or attach list)	
10	My CPA was authorised (give date)	
11	I commit to regular audit of my prescribing practice in accordance with An Bord Altranais *Practice Standards and Guidance for Nurses and Midwives with Prescriptive Authority* (2010) and the *Policy for Medicinal Product Prescribing* for my service area.	Tick box to confirm

I am applying to be issued with a GMS number and a supply of Primary Care Prescription Pads and I commit to keeping the prescription pads in a secure place.

Signature ofRNP: Date:

Part 2: Director of Nursing/Midwifery/Public Health Nursing to complete

Please complete details below for RNP insert Yes in each section as applicable)

		Confirmation/Comment
1	I confirm that the nurse/midwife named in Part 1 of this form is a RNP	
2	I confirm that the RNP has a valid CPA and is authorised to prescribe named medicinal products in the service named in Part 1 of this form	
3	I confirm that GMS prescriptions are used in collaboration with GPs for patients attending	
4	1 this service confirm that there is a policy and process for service	
5	I confirm that a process is in place for regular audit of the RNPs prescribing practice in accordance with An Bord Altranais *Practice Standards and Guidance for Nurses and Midwives with Prescriptive Authority* (2010)	

I confirm the details in Part 1 and Part 2 are correct. I approve the RNP's application to use the GMS system in the named clinical area of practice.

i ignature of Director: [redacted] Date:

Part 3: HSE Health Area Manager/LHO Manager to complete

I have reviewed the details set out in this *Form* and authorise the named HSE community RNP to access and prescribe under the General Medical Services Scheme.

Signature of HSE Health Area Manager/LHO Manager:

Date:

LHO No:

Part 4: PCRS to complete (for internal use)

		Action
1	HSE Health Area/LHO Number	
2	GMS Number assigned	
3	Date issued	
4	Details entered	
5	PCRS Officer	

Appendix VIII

STANDARD ORAL NUTRITIONAL SUPPLEMENTS (ONS)

LIST A

PREFERRED PRODUCT LIST

Drug Code	Product Description	Pack Size
POWDERED ONS		
85100	Complan Shake 57 G Sachet	4
83258	Ensure Shake 57 G Sachet	7
85067	Foodlink Complete 57 G Sachet	7
83248	Foodlink Complete Sachet (starter pack with shaker) 57 G Sachet	5
85068	Foodlink Complete with Fibre 63 G Sachet	7
83236	Fresubin Powder Extra 62 G Sachet	7
83254	Nutriplete Shake 57 G Sachet	7
83255	Nutriplete Shake with Shaker 57 G	5
COMPACT & MINI-DRINK SIP FEEDS		
82510	Altraplen Compact 125 ml	1
83956	Ensure Compact 125 ml	1
82530	Fortisip Compact 125 ml	1
82532	Fortisip Compact Fibre 125 ml	1
85093	Fresubin 2 KCal Fibre Mini Drink 125 ml	1
85069	Fresubin 2KCal Mini Drink 125 ml	1

LIST B

PRODUCTS REQUIRING PRIOR APPROVAL

Drug Code	Product Description	Pack Size
83695	Altraplen Smoothie 200 ml	1
83256	Aymes Creme 125 G	4
81776	Calshake 87 G sachet	7
83023	Enshake 96.5 G. Sachet	6
81485	Ensure 250 ml	1
81165	Ensure Plus 200 ml	1
81394	Ensure Plus 220 ml	1
83030	Ensure Plus Creme 125 G	1
81688	Ensure Plus Fibre 200 ml	1
83954	Ensure Plus Juce 220 ml	1
81147	Ensure Plus Savoury 220 ml	1
81153	Ensure Plus Yoghurt Style 220 ml	1
82501	Ensure Twocal 200 ml	1
81152	Forticreme Complete 125 G.	1
83710	Fortijuce 200 ml	1
85070	Fortisip 2 Kcal 200 ml	1
81170	Fortisip 200 ml	1
81608	Fortisip Multi Fibre 200 ml	1
81611	Fortisip Multi Fibre Savoury 200 ml	1
81173	Fortisip Yoghurt Style 200 ml	1
82519	Fresubin 2 Kcal 200 ml	1
83959	Fresubin 2 Kcal Creme 125 G Pot	1
82524	Fresubin 2 Kcal Fibre 200 ml	1
81180	Fresubin Energy 200 ml	1
81615	Fresubin Energy Fibre 200 ml	1
83712	Fresubin Jucy 200 ml	1

82341	Fresubin Original 200 ml	1
83958	Nutilis Fruit Stage 3 150 G Pot	1
83065	Nutricrem 125 G	1
83206	Scandishake Mix 85 G Sachet	6

Appendix IX

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Primary Care Reimbursement Service

Patient Dispensing Record
Training Manual

Revision: 2.7

Date: 24.05.17

Appendix IX

Table of Contents

1 Introduction

The aim of this self study training manual is to guide and support you in familiarising yourself with the new Patient Dispensing Record.

The HSE has developed an online facility to capture computerised dispensing records. The system requires you to record all drugs dispensed to patients from stock orders received from the HSE. This computerised system is available as part of your GP Application Suite, it incorporates standard on screen assistance including validation and screen tips for each data item. Once you have entered details onto the Patient Dispensing Record they are updated on the HSE PCRS information system. The Patient Dispensing Record requires and provides for the recording of signatures on the printed dispensing record.

This document should be read in conjunction with HSE Dispensing Guidelines.

At the moment the ordering of stock is not facilitated through the Dispensing Record Application and traditional stock order arrangements will continue. All stock orders must be pre-approved by the HSE before supply.

Doctor Application Suite

The Patient Dispensing Record is accessed through the ***GP Application Suite*** which is accessible from the following link https://hse.sspcrs.ie/doctor

In the GP Application Suite the menu offers a number of choices:

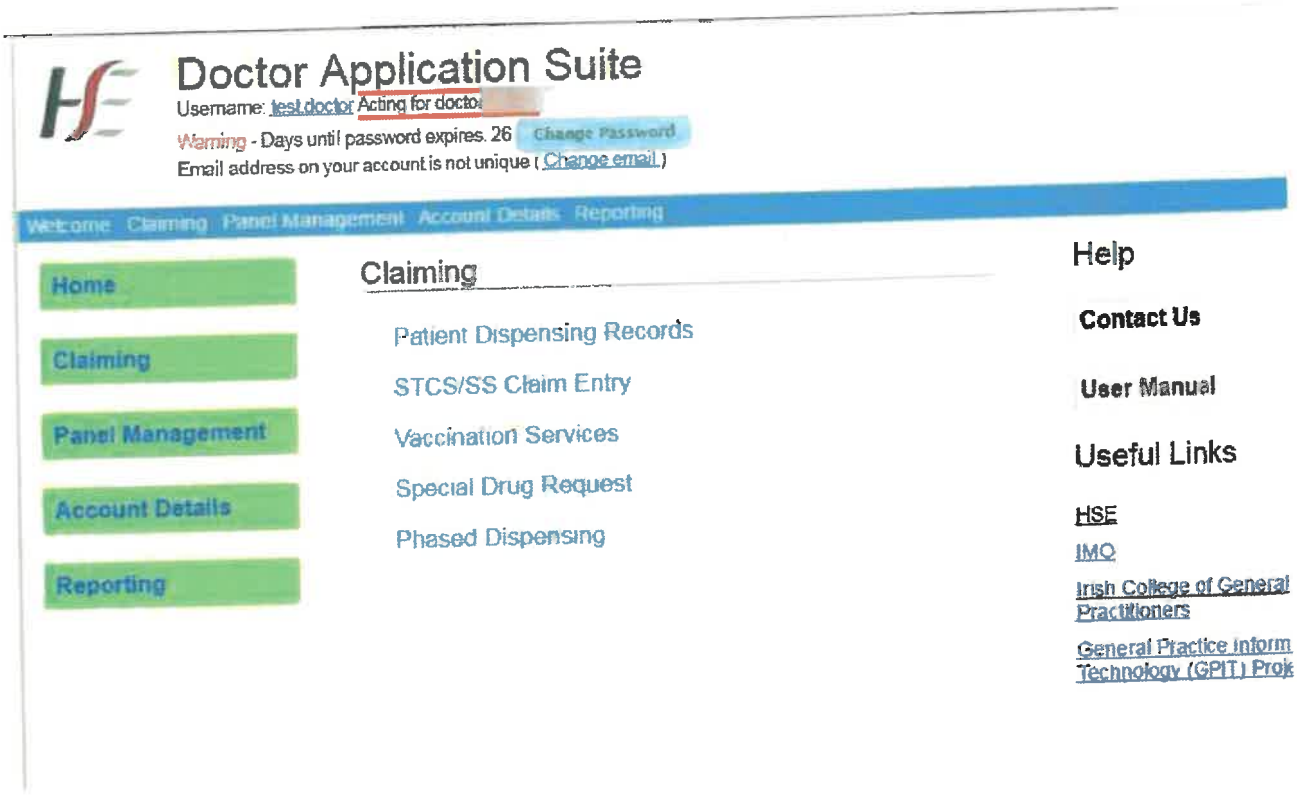
- Welcome
- **Claiming**
- Panel Management
- Account Details
- Reporting

The Patient Dispensing Record is accessed through ***Claiming.***

In Claiming menu there are five choices:

- **Patient Dispensing Records**
- STC/SS Claim Entry
- Vaccination Services
- Special Drug Request
- Phased Dispensing

The option to choose is the **Patient Dispensing Record.**


Doctor Application Suite
Username: test.doctor Acting for docto
Warning - Days until password expires. 26
Change Password
Email address on your account is not unique (Change email)
Welcome Claiming Panel Management Account Details Reporting
Home
Claiming
Panel Management
Account Details
Reporting
Claiming
Patient Dispensing Records
STCS/SS Claim Entry
Vaccination Services
Special Drug Request
Phased Dispensing
Help
Contact Us
User Manual
Useful Links
HSE
IMO
Irish College of General Practitioners
General Practice Inform Technology (GPIT) Proj

2 Screens

2.1 Dispensing Record

The Dispensing Record menu offers four options:

- Welcome
- Record Entry
- Record Query
- Drug Query

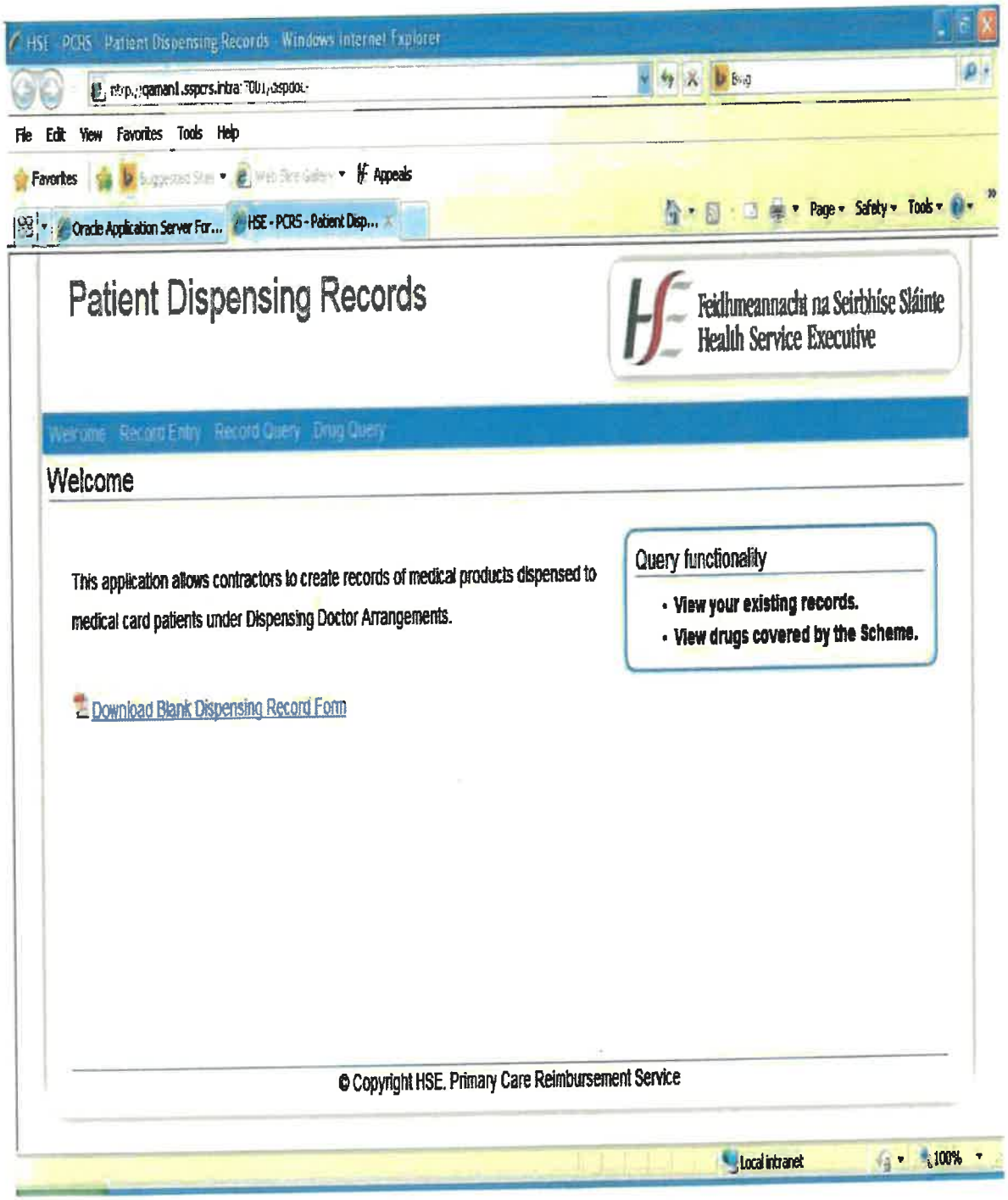
The option to choose is **Welcome**.

Welcome

Welcome introduces you to the Patient Dispensing Record. Dispensing doctors must record all drugs and medicines they dispense to medical card dispensing patients and the **Dispensing Record Entry** allows you to create this record.

Where live input is not available an option is provided under **Welcome** to Download Blank Dispensing Record Form. In these circumstances the form can be printed and completed manually and must be signed by the patient on receipt of the medication dispensed. The information can then be inputted at a later stage, but should be inputted at least weekly and prior to month end. The signed forms are to be retained at the practice for audit purposes.

To create a record select **Record Entry**.


HSE - PCRS - Patient Dispensing Records - Windows Internet Explorer
File Edit View Favorites Tools Help
Favorites
Appeals
Oracle Application Server For...
HSE - PCRS - Patient Disp...
Page Safety Tools
Patient Dispensing Records
Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive
Welcome Record Entry Record Query Drug Query
Welcome
This application allows contractors to create records of medical products dispensed to medical card patients under Dispensing Doctor Arrangements.
Query functionality
• View your existing records.
• View drugs covered by the Scheme.
Download Blank Dispensing Record Form
© Copyright HSE. Primary Care Reimbursement Service
Local intranet
100%

2.2 Dispensing Record Entry

The patient details and the drugs dispensed for the particular dispensing record are captured on the data entry screen.

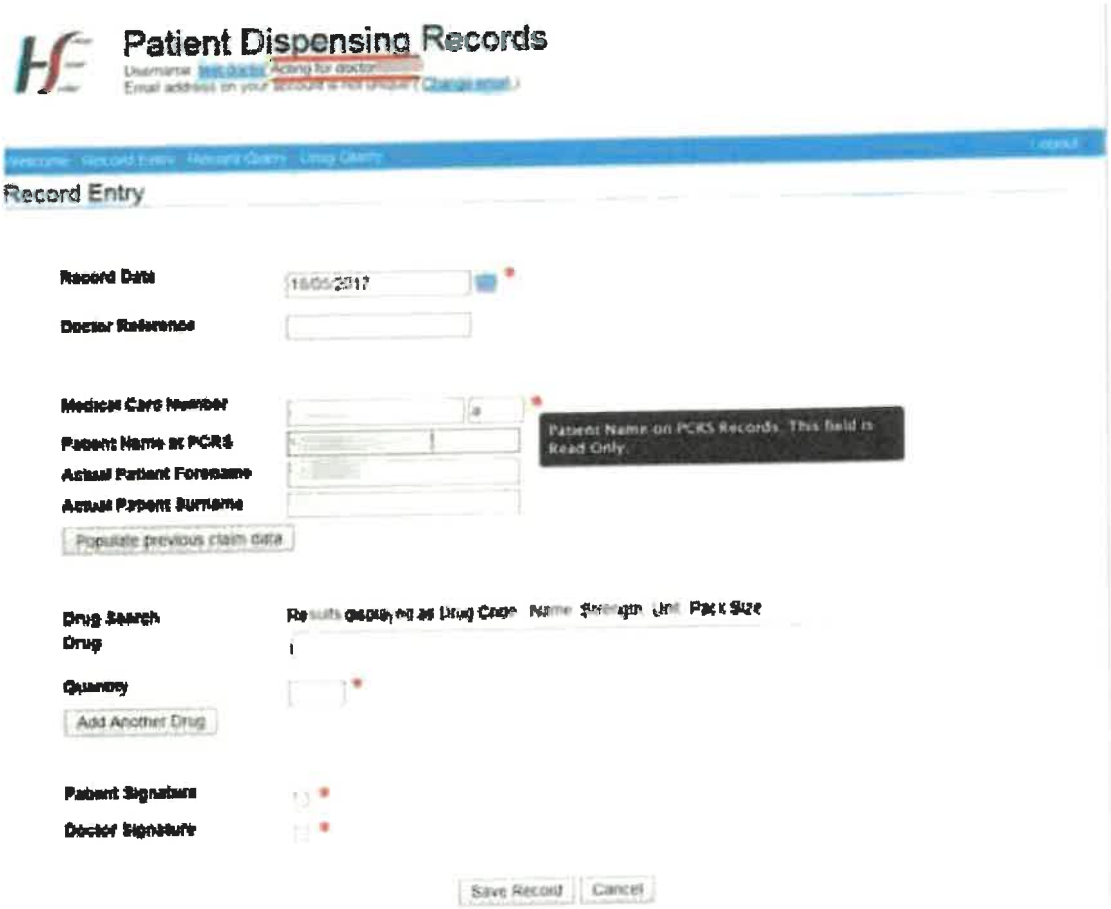
The medical card number of the dispensing patient is required for data entry. When the patient's Medical Card details are entered the Patient Name will be autocompleted. Only patient details belonging to the doctor's panel are allowed. The patient name displayed is that which is specified on HSE PCRS records, therefore this field cannot be amended and is a read only.

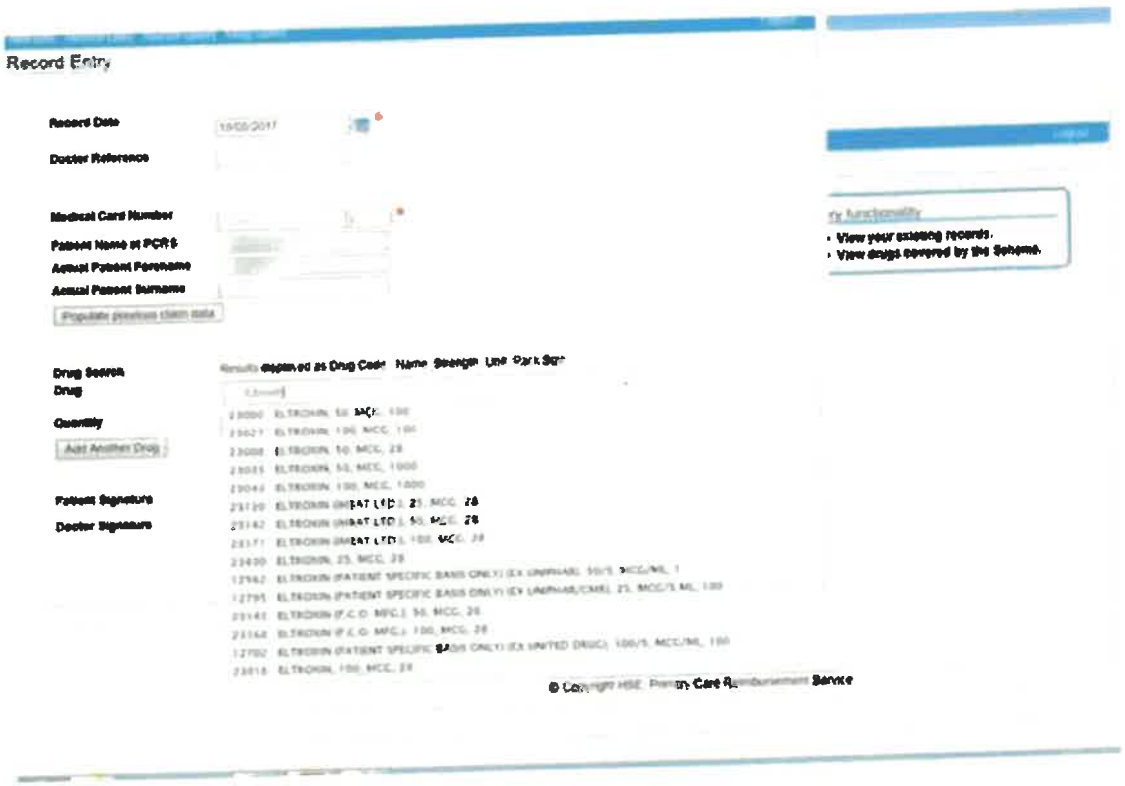
If necessary, the patient name can be amended on the **Actual Patient Forename** and **Actual Patient Surname** however this will not amend the patient details on the HSE PCRS system and the patient should be advised to contact PCRS at 1890 252 919.

The drug search option allows the user to search by drug name and will automatically populate the drug code based on the one selected.

If a record already exists on the dispensing system for this patient it is possible to update using **Populate previous claim data**. This information can then be updated as required in respect of the current prescription.

The 'Add Another Drug' button allows additional drugs to be added.





Once all mandatory fields are completed the data can be submitted and saved on the system.

Mandatory Fields are highlighted with *

They are: Record Date, Medical Card Number, Drug

The Patient's medical card number is required for data entry.

It is recommended in line with pharmacy practice that **only one month's supply** of drugs/medicines should be dispensed at any one time.

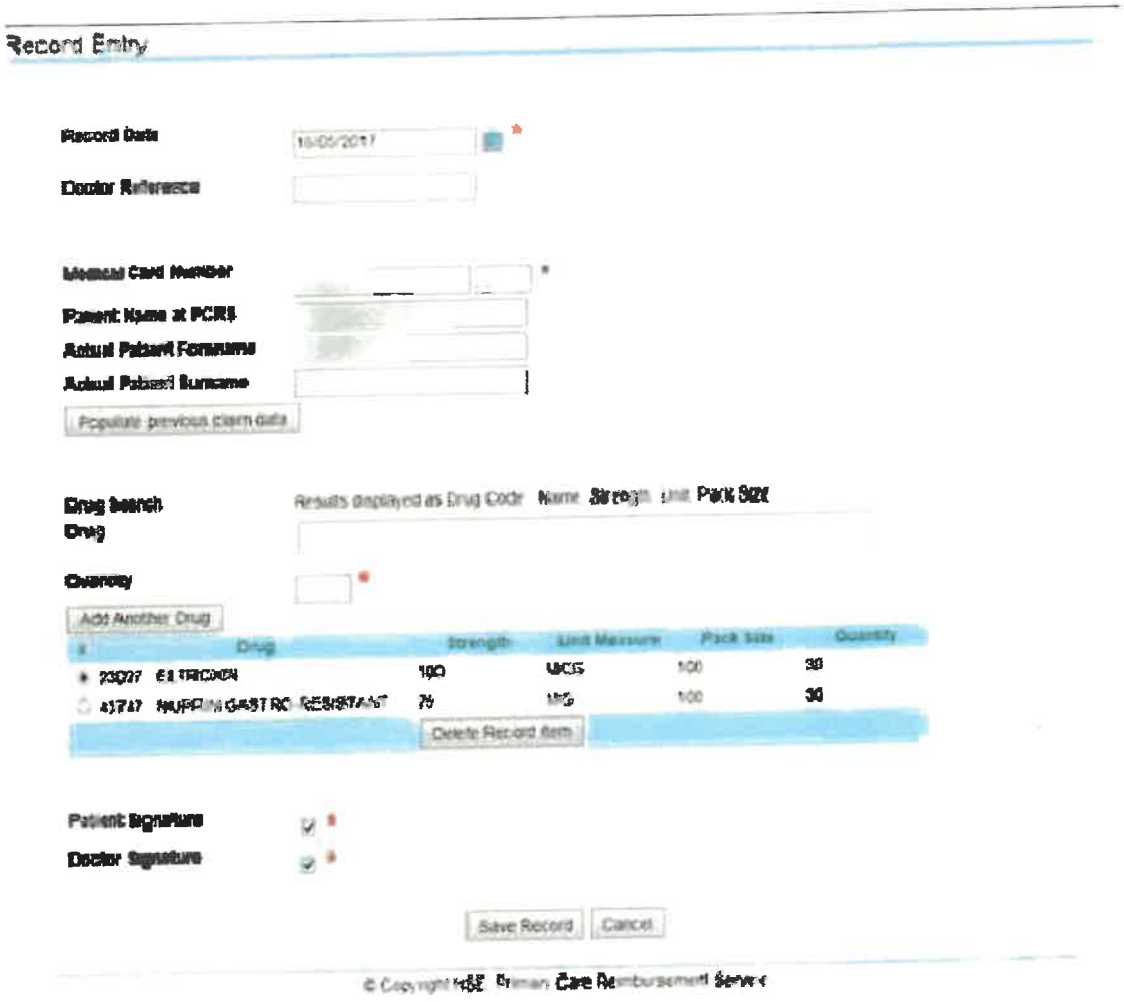
This page demonstrates that a number of drugs can be recorded simultaneously. Only products on the list of GMS reimbursable items are available for supply. It is therefore not possible for the doctor to add a drug to the list of reimbursable items.

As the screen holds 10 items it may be necessary for you to move to the next page in order to identify the product you require.

This page demonstrates where two items have been recorded for "Martha Johnston".

Please remember to save the record using the icon **Save Record** at the bottom of the screen.

If incorrect details have been entered it is possible to cancel by using the **Cancel** icon.


Record Entry
Record Date
Doctor Reference
Medical Card Number
Patient Name at PCRS
Actual Patient Forename
Actual Patient Surname
Populate previous claim data
Drug Search
Drug
Results displayed as Drug Code Name Strength Unit Pack Size
Quantity
Add Another Drug
Drug
Strength
Unit Measure
Pack Size
Quantity
Delete Record Item
Patient Signature
Doctor Signature
Save Record
Cancel
© Copyright HSE Primary Care Reimbursement Service

2.3 Printing of Patient Dispensing Record

Dispensing General Practitioners are required to comply with the requirement of their own and third party signature on the printed record of dispensing for all drugs/medicines dispensed.

Record Review allows you to generate the Dispensing Record as a pdf (Portable document format) A pdf document is independent from the HSE software system and allows you to download details of the record for printing, this allows for signing by you and the patient.

To create the record click **Download PDF**, then you are given a menu with:

- open with
- save file

Click on **Open with** and this will then allow you to Print.

Patient Dispensing Records

User ID: 10000 01
No email address recorded for your account (Add email)

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

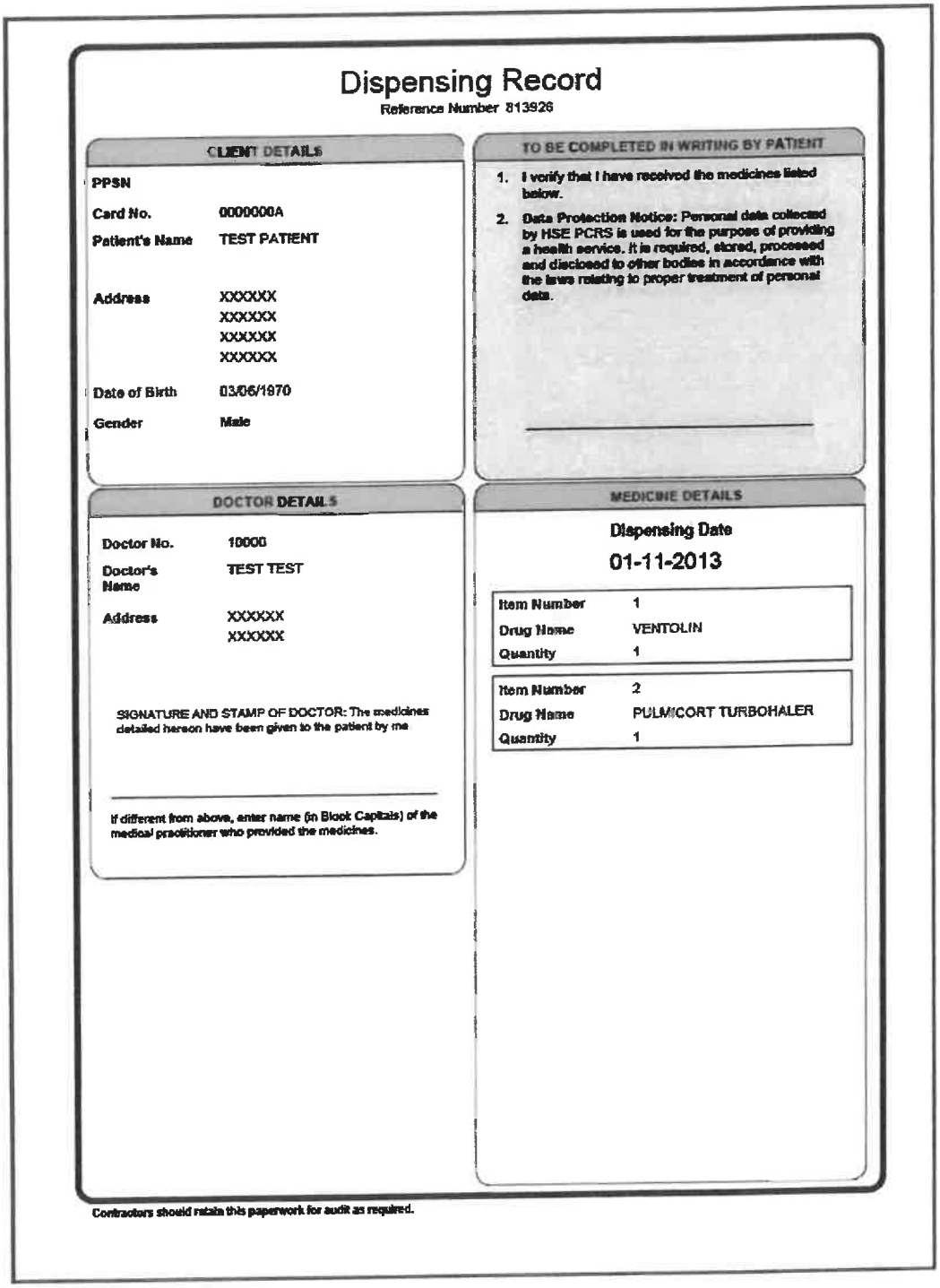
Welcome Record Entry Record Query Drug Query Logout

Record Review

Click the link below to download the report.

Download PDF

Below is a sample of a printed record. This requires the signature of both the dispensing doctor and the patient. If the patient is not attending personally, the form may be signed by a relative or a nominated individual collecting the prescription on behalf of the patient. This paperwork should be retained for audit purposes.



Dispensing Record

Reference Number 813926

CLIENT DETAILS

PPSN	
Card No.	0000000A
Patient's Name	TEST PATIENT
Address	XXXXXX XXXXXX XXXXXX XXXXXX
Date of Birth	03/06/1970
Gender	Male

TO BE COMPLETED IN WRITING BY PATIENT

1. I verify that I have received the medicines listed below.
2. Data Protection Notice: Personal data collected by HSE PCRS is used for the purpose of providing a health service. It is required, stored, processed and disclosed to other bodies in accordance with the laws relating to proper treatment of personal data.

_____

DOCTOR DETAILS

Doctor No.	10000
Doctor's Name	TEST TEST
Address	XXXXXX XXXXXX

SIGNATURE AND STAMP OF DOCTOR: The medicines detailed hereon have been given to the patient by me

_____

If different from above, enter name (in Block Capitals) of the medical practitioner who provided the medicines.

MEDICINE DETAILS

Dispensing Date

01-11-2013

Item Number	1
Drug Name	VENTOLIN
Quantity	1

Item Number	2
Drug Name	PULMICORT TURBOHALER
Quantity	1

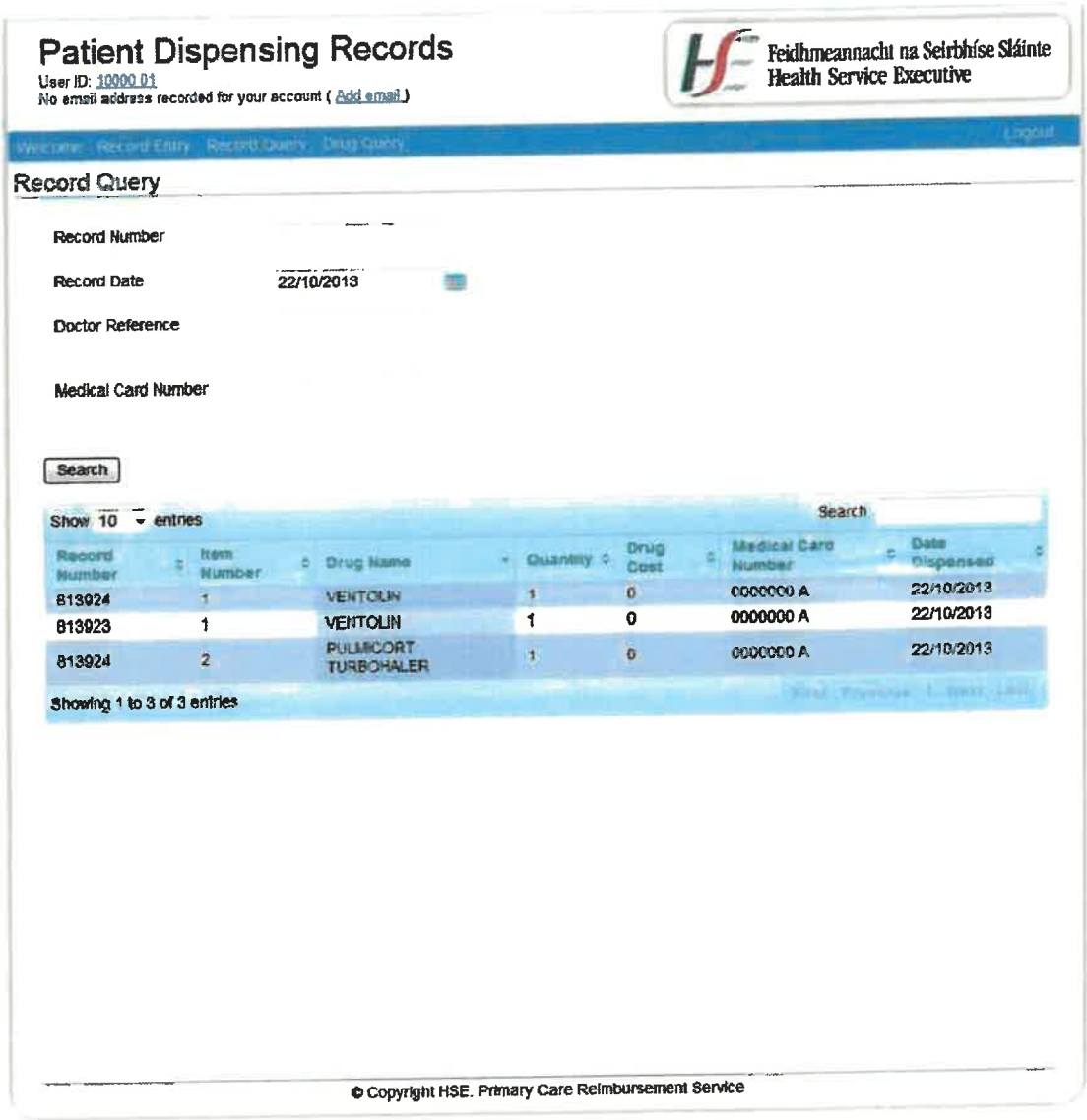
Contractors should retain this paperwork for audit as required.

2.4 Dispensing Record Query

Record Query allows you to query through a number of options:

- Record Number
- Record Date
- Doctor Reference
- Medical Card Number

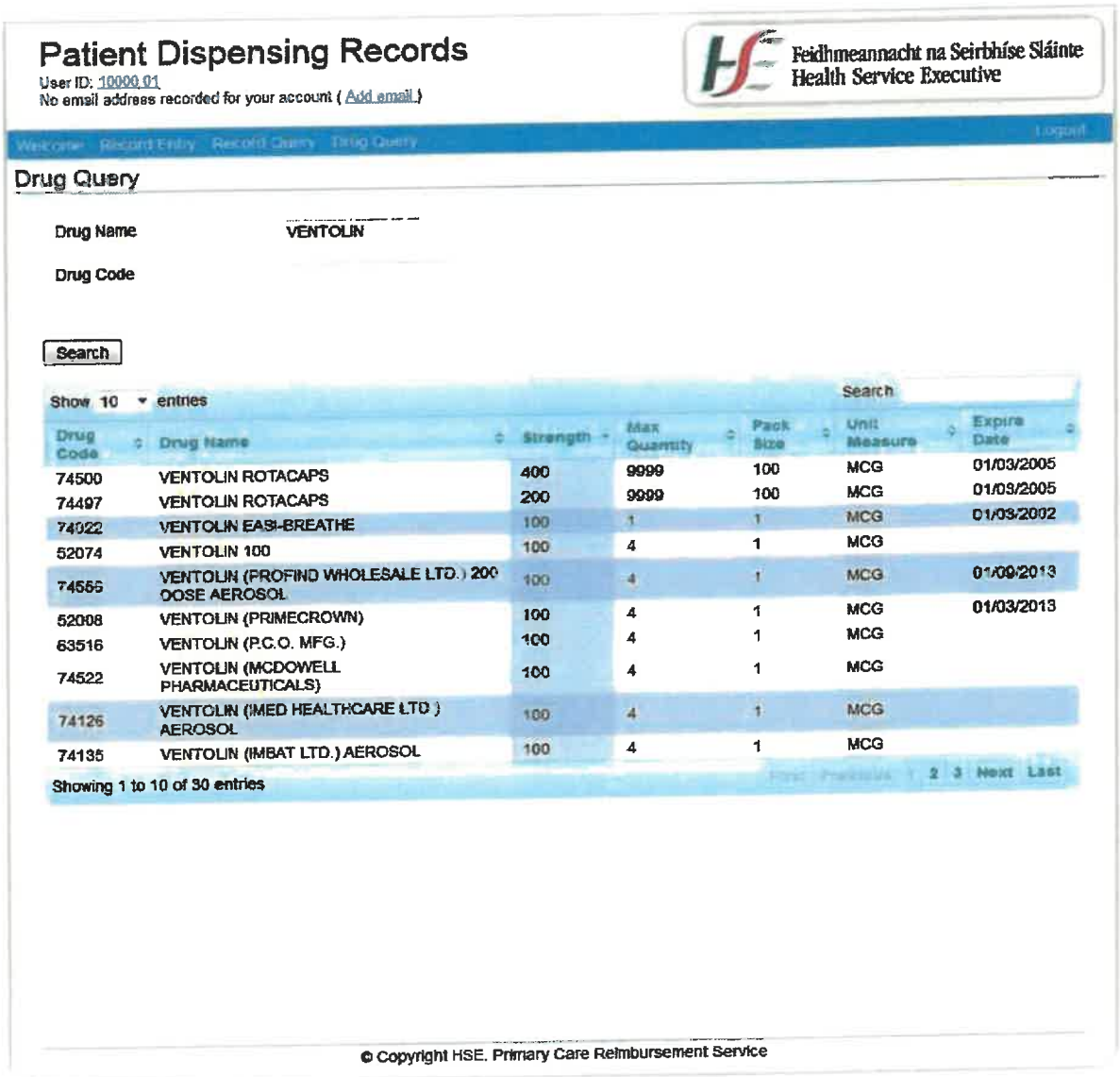
The example outlined displays information on records created on 22nd October, 2013.



2.5 Drug Query

The drug query screen allows the user to search for drugs that can be dispensed on the system. It reflects the List of GMS Reimbursable Items i.e those products which can be provided to GMS patients by Dispensing Doctors. Standard details such as pack size, strength & unit of measurement will be included.

This page demonstrates 10 entries on the screen. It shows entries on the drug file for ventolin. This screen allows you to move to the next page by clicking on **next** and allows you to move between pages.



Further Queries

If you have any queries on the Patient Dispensing Record please telephone Doctors Unit at 01 8647100 option 2.

Appendix X

Feidhmeannacht na Seirbhíse Sláinte, Seirbhís Aisíocaíochta Cúraim Phríomhúil
Bealach amach 5, M50, An Bóthar Thuaidh, Fionnghlas
Baile Átha Cliath 11, D11 XKF3
Fón: (01) 864 7100 Facs: (01) 834 3589

Health Service Executive, Primary Care Reimbursement Service
Exit 5, M50, North Road, Finglas, Dublin 11, D11 XKF3
Tel: (01) 864 7100 Fax: (01) 834 3589

13th April 2023

Circular 015/23

RE: Reimbursement of Foods for Special Medical Purposes (FSMPs) on foot of a Dietitian recommendation

Dear Doctor,

From 17th April 2023, reimbursement support for Foods for Special Medical Purposes (FSMPs) that are on the formal Reimbursement List will be accepted on foot of a Registered Dietitian recommendation. The Dietitian must be CORU registered with a PCRS 5-digit Dietitian number assigned to be accepted for the purposes of reimbursement support under Community Drug Schemes.

Registered Dietitians will be restricted to recommending FSMP products on the Reimbursement List (i.e. Clinical Nutritional Products). The Dietitian reimbursement product list/formulary is enclosed (Appendix 1). The list is also available on the HSE PCRS website at https://www.sspcrs.ie/druglist/pub. Under *'Category'* choose *'Clinical Nutritional Products'* from the drop down menu, and click *'Search'* to see full list of products.

Where a patient does not see a Dietitian registered with PCRS and requires the FSMPs under Community Drug Schemes, a valid prescription will still be required. There is a small number of Dietitians registered with PCRS currently and it is expected that a greater number will be registered over the coming months.

Please note that Dietitians are not registered prescribers and FSMPs are not restricted to prescription control. However, for the purpose of reimbursement support under Community Drug Schemes, the dispensing Pharmacist must have a Registered Dietitian recommendation (as outlined above) or a valid prescription for dispensing under Community Drug Schemes.

Non First-Line Standard Oral Nutritional Supplements (ONS)

The requirement for prior reimbursement approval for non first-line standard ONS (List B) by prescribers or HSE employed Dietitians remains in place. The online reimbursement application system for List B is unchanged with the move to the provision of the dispensing of FSMPs by Community Pharmacy Contractors under Community Drugs Schemes as recommended by a Registered Dietitian. If a Registered Dietitian recommends a List B ONS then an on-line application must be completed and approved in order for these specific ONS to be reimbursed. This is in the same manner as GPs and hospital prescribers. An up to date List B ONS accompanies this Circular (Appendix 2).

It is important to remember that ONS products in particular are not repeatable and must be written on monthly prescriptions. This does not apply to other FSMPs or patients on enteral tube feeds i.e. PEG, RIG, Nasogastric tubes.

Yours faithfully,

Shaun Flanagan
Primary Care Eligibility & Reimbursement

Appendix 1 Registered Dietitian Formulary *(in sequential order by GMS code)*

GMS Code	Product Description
80156	GA Express 15 25 G. Sachet 30
80285	Glycine 500 Amino Acid Supplement 4 G. Sachet 30
80374	Isoleucine 1000 Amino Acid Supplement 4 G. Sachet 30
80395	MSUD Anamix Junior LQ 125 ml. Bottle 36
80637	MSUD Express 20 34 G. Sachet 30
81001	HCU LV 27.8 G. Sachet 30
81003	Easiphen 250 ml. Pack 1
81004	Lophlex 27.8 G. Sachet 30
81005	Cholesterol Module 450 G. Pack 1
81007	PKU Lophlex LQ 20 125 ml. Foil Pouch 30
81009	MMA/PA Anamix Infant 400 G. Pack 1
81010	XMTVI Asadon 200 G. Pack 1
81011	FlavourPAC 4 G. Sachet 30
81012	GA1 Anamix Infant 400 G. Pack 1
81014	MMA/PA Maxamum 500 G. Pack 1
81016	Loprofin LP Rice 500 G. Pack 1
81018	Promin LP Hot Breakfast 57 G. Sachet 6
81020	Peptamen 500 ml. Pack 1
81021	HCU Gel 24 G. Sachet 30
81022	Peptamen 1 L. Pack 1
81024	HCU Express 15 25 G. Sachet 30
81026	Peptamen Junior 400 G. Pack 1
81028	Calogen 500 ml. Pack 1
81029	Nestle Nutrition Flavour Mix 60 G. Pack 1
81031	Nutrini Low Energy Multi Fibre 200 ml. Pack 1
81033	Arginine 500 Amino Acid Supplement 4 G. Sachet 30
81034	Nutrini Low Energy Multi Fibre 500 ml. Pack 1
81036	Isoleucine 50 Amino Acid Supplement 4 G. Sachet 30
81037	Paediasure Plus Fibre 200 ml. Pack 1
81038	Cystine 500 Amino Acid Supplement 4 G. Sachet 30
81042	MMA/PA Express 25 G. Sachet 30
81045	MSUD Cooler 130 ml. Foil Pouch 30

81046	Phlexy-10 Tabs. 75 Pack 1
81047	PKU Cooler 10 87 ml. Foil Pouch 30
81048	PKU Cooler 15 130 ml. Foil Pouch 30
81050	PKU Cooler 20 174 ml. Foil Pouch 30
81053	MMA/PA Gel 24 G. Sachet 30
81054	TYR Express 15 25 G. Sachet 30
81056	TYR Gel 24 G. Sachet 30
81062	Promin LP Pasta Lasagne Sheets 200 G. Pack 1
81063	Loprofin LP Macaroni 250 G. Pack 1
81064	PKU Express 15 25 G. Sachet 30
81066	Polycal 200 ml. Pack 1
81068	MSUD Express 15 25 G. Sachet 30
81069	Loprofin LP Tagliatelle Nests 250 G. Pack 1
81070	PKU Gel 24 G. Sachet 30
81072	Promin LP Burger Mix 62 G. Sachet 2
81073	Maxijul Super Soluble 200 G. Pack 1
81074	Promin LP Rice Pudding Mix 69 G. Sachet 4
81077	GAI Maxamum 500 G. Pack 1
81079	Calogen 200 ml. Pack 1
81080	Lipistart 400 G. Pack 1
81081	Forticare 125 ml. Pack 1
81082	Supportan Drink 200 ml. Pack 1
81085	Valine 50 Amino Acid Supplement 4 G. Sachet 30
81088	PK Foods Pasta Spirals 250 G. Pack 1
81089	Supporrtan 500 ml Pack 1
81090	XLYS, TRY Glutaridon 500 G. Pack 1
81092	Respifor 125 ml. Pack 1
81093	Pulmocare 500 ml. Pack 1
81096	PK Foods LP Mix 750 G. Pack 1
81098	Loprofin LP Cereal 375 G. Pack 1
81102	PK Foods LP Egg Replacer 350 G. Pack 1
81103	Infatrini 500 ml. Pack 1
81104	PKU Anamix Infant 400 G. Pack 1
81106	Renilon 7.5 125 ml. Pack 1
81107	Alicalm 400 G. Pack 1
81110	XMET Homidon 500 G. Pack 1
81111	MUSD Anamix Junior 36 G Sachet 30
81112	PKU Anamix Junior 36 G Sachet 30
81113	Loprofin LP Lasagne 250 G. Pack 1

81114	Foodlink Complete with Fibre Sachet (Starter Pack with Shaker) 63 G. Sachet 5
81115	Altraplen Compact Daily 250 ml. Pack 1
81117	PKU GMPro LQ Liquid 250 ml. Carton 1
81118	Nutrison Advance Diason 1 L. Pack 1
81119	TwoCal 200ml. Pack 1
81120	Promin LP Pasta 500 G. Pack 1
81121	Fresubin 3.2 Kcal 125 ml. Bottle 1
81123	Renastart 400g
81126	Ketocal Powder 3:1 300 G
81129	Nutrison Standard 1.5 L. Pack 1
81134	MCT Oil 500 ml. Pack 1
81137	Neocate LCP 400 G. Pack 1
81140	Nutrison Protein Plus Energy 500 ml Pack 1
81142	Nutrison Protein Plus Multi Fibre 500 ml. Pack 1
81143	PKU Sphere 15 27 G. Sachet 30
81144	Modulen IBD 400 G. Pack 1
81147	Ensure Plus Savoury 220 ml. Pack 1
81149	PKU Sphere 20 35 G. Sachet 30
81150	Thick & Easy Original **(IDDSI STANDARD)**
81152	Forticreme Complete 125 G. Pack 1
81153	Ensure Plus Yoghurt Style 220 ml. Pack 1
81156	ProSure 500 ml Pack 1
81158	Nutrison Energy 500 ml. Pack 1
81159	PKU Maxamum Plain/Flavour 50 G. Sachet 30
81160	Fresubin Original 1.5 L. Pack 1
81165	Ensure Plus 200 ml. Pack 1
81170	Fortisip 200 ml. Pack 1
81171	Fresubin 1500 Complete 1.5 L. Pack 1
81173	Fortisip Yoghurt Style 200 ml. Pack 1
81175	Loprofin PKU Milk 200 ml. Pack 1
81177	Nutrison 1200 Complete Multi Fibre 500 ml. Pack 1
81180	Fresubin Energy 200 ml. Pack 1
81183	Nutricia Flavour Modjul 100 G. Pack 1
81186	Nepro HP 220 ml
81187	Diben 200 ml. Pack 1
81188	Nepro HP 500 ml
81189	Nutricia Flavour Sachet 5 G. Sachet 20
81191	Ketocal 4:1 Liquid 200 ml
81193	Glucerna SR 230 ml. Pack 1

81194	Diasip 200 ml. Pack 1
81195	Prozero 250 ml. Carton 18
81196	PKU GMPro Powder 33.3 G Sachet 16
81198	Phlexy-Vits Tabs. 180
81199	Nutrini Multi Fibre 200 ml. Pack 1
81201	Promin LP Pasta Cous Cous 500 G. Pack 1
81205	Loprofin LP Crackers 150 G. Pack 1
81217	Nutrini Multi Fibre 500 ml. Pack 1
81240	Nutrison Concentrated 500 ml. Pack 1
81243	Promin LP Pasta Elbows in LP Sauce 66 G. Sachet 4
81245	Nutrison Energy Multi Fibre 500 ml. Pack 1
81256	Juvela LP Loaf 400 G. Pack 1
81259	Paediasure 200 ml. Pack 1
81265	TwoCal RTH 1 L. Pack 1
81267	Osmolite Plus 500 ml. Pack 1
81274	Promin LP Pasta Shells in LP Sauce 72 G. Sachet 4
81277	Paediasure Fibre 200 ml. Pack 1
81278	Nutrison 800 Complete Multi Fibre 1 L. Pack 1
81283	Prozero 1 L. Carton 6
81286	Paediasure Fibre 500 ml. Pack 1
81294	PKU Anamix First Spoon 12.5 G. Sachet 30
81299	Fate LP Mix 500 G. Pack 1
81300	Nutramigen AA 400 G. Pack 1
81307	PKU Anamix Junior LQ 125 ml. Bottle 36
81308	PKU Express 20 34 G. Sachet 30
81311	PKU Squeezie 85 G. Pouch 30
81312	TYR GMPro Mix-In Sachet 12.5g x 30
81313	Renastep Sip feed 125 ml. x 1
81314	SOS 10 21 G. Sachet 30
81315	Ensure Crème Protein 1 X 125g
81316	Fortisip PlantBased 1.5kcal 1 X 200ml
81317	GA Explore 5 30 X 12.5g
81318	HCU Explore 5 30 X 12.5g
81319	Perative 500 ml. Pack 1
81320	SOS 15 31 G. Sachet 30
81321	Mevalia Burger Mix 1 X 350g
81322	Promin LP Tri-Colour Pasta 500 G. Pack 1
81323	SOS 20 42 G. Sachet 30
81324	Mevalia Pizza Base 2 X 150g

81325	Mevalia Fruit Bar 5 X 25g
81326	Mevalia Fusilli 1 X 500g
81327	Mevalia Pan Carré 1 X 300g
81328	MMA/PA Explore 5 30 X 12.5g
81330	SOS 25 52 G. Sachet 30
81331	MSUD Explore 5 30 X 12.5g
81333	Promin Low Protein Cereal 1 X 340g
81335	SMA Soya 800G. Pack 1
81336	TYR Explore 5 30 X 12.5g
81338	Compleat Paediatric 1 X 250ml
81339	Pregestimil Powder 400 G. Pack 1
81340	Compleat Paediatric 1 X 500ml
81341	TYR Anamix Infant 400 G. Pack 1
81342	Foodlink Extra 85kg Pack 7
81343	Foodlink Extra Starter pack with shaker) 85kg Pack 4
81346	Mevalia Ciabattine Low Protein Bread Rolls 250g .
81347	Fresubin 2250 Complete 1.5 L. Pack 1
81348	KetoClasic 3:1 Bisk 30g Pack 14
81350	Mevalia Bread/Cake Mix 1 X 300g
81351	Jevity 1.5 500 ml. Pack 1
81354	Mevalia Cookies 1 X 200g
81355	Glucerna 500 ml. Pack 1
81356	Mevalia Frollini Shortbread1 X 200g
81358	Glucerna 1.5kcal 220ml Pack 1
81359	Glucerna 1.5kcal 500ml Pack 1
81360	TYR Anamix Junior LQ 125 ml. Bottle 36
81362	PKU Explore 5 12.5g Pack 30
81363	PKU explore 10 25g Pack 30
81364	TYR Anamix Junior 36 G Sachet 30
81365	Mevalia Rice 1 X 400g
81366	Mevalia Spaghetti 1 X 500g
81368	Jevity 1.5 1 L. Pack 1
81369	TYR Express 20 34 G. Sachet 30
81371	Promin Low Protein Classic/Chocolate Cake Mix 500g Pack 1
81372	Valine 1000 Amino Acid Supplement 4 G. Sachet 30
81373	Jevity 1.5 1.5 L. Pack 1
81374	Low Protein Scrambled Egg and Omelette Mix 500g Pack 1
81376	ProSource TF Enfit 60 ml Pack 1
81377	Elemental 028 Extra Flavour 250 ml. Pack 1

81378	Ultra PKU Low Protein Bread 400 G. Pack 1
81380	Nutrison Energy Multi Fibre 1 L. Pack 1
81381	Promin LP Flat Noodles 500 G. Pack 1
81382	Nutrison Energy Multi Fibre 1.5 L. Pack 1
81385	Promin LP Sausage Mix 30 G. Sachet 4
81390	Juvela LP Mix 500 G. Pack 1
81394	Ensure Plus 220 ml. Pack 1
81397	Nutrison 1200 Complete Multi Fibre 1.5 L. Pack 1
81400	Similac High Energy 200 ml. Pack 1
81401	Nutrison Advance Peptisorb 1 L. Pack 1
81407	Fresubin Energy 1.5 L. Pack 1
81410	Fortini Smoothie Multi Fibre 200 ml. Pack 1
81411	MCT Pro-Cal 16 G. Sachet 30
81430	Glucerna 250 ml Pack 1
81436	Frebini Energy 200 ml. Pack 1
81449	Frebini Energy 500 ml. Pack 1
81455	Nutrison Advance Peptisorb 500 ml. Pack 1
81457	Frebini Energy Fibre 200 ml. Pack 1
81458	Infatrini 200 ml. Pack 1
81460	Frebini Energy Fibre 500 ml. Pack 1
81463	Nutrison Protein Plus Multi Fibre 1 L. Pack 1
81471	Frebini Original Fibre 500 ml. Pack 1
81474	Ketocal 300 G. Pack 1
81475	Nutrison Peptisorb Plus HEHP 500ml Pack 1
81476	Nutrison Peptisorb Plus HEHP 1L Pack 1
81479	SMA High Energy 250 ml. Pack 1
81480	SMA High Energy 200 ml. Pack 1
81481	Osmolite HP 500 ml. Pack 1
81482	Ensure Plus Advance 220 ml. Pack 1
81483	Fortini Compact Multi Fibre 125 ml. Pack 1
81484	Taranis Dalia Liquid 200 ml. Pack 1
81485	Ensure 250 ml. Pack 1
81486	Nutramigen 1 with LGG 400G Pack 1
81489	Nutramigen 2 with LGG 400G Pack 1
81490	Nutrini Peptisorb Energy 500 ml. Pack 1
81492	HCU Anamix Junior 36 G. Sachet 30
81494	GA1 Anamix Junior 18 G. Sachet 30
81495	Paediasure Plus Fibre 500 ml. Pack 1
81496	MMA/PA Anamix Junior 18 G. Sachet 30

81498	IVA Anamix Junior 400 G. Pack 1
81501	Infatrini Peptisorb 200 ml. Pack 1
81502	Osmolite 1.5 Kcal 1.5 L. Pack 1
81503	Pro-Cal Shot 120ml
81504	Promin Low Protein Fresh Baked Sliced Bread 800 G Pack 4
81506	Thick & Easy Clear 126 G Tin Pack 1 **(IDDSI STANDARD)**
81512	RESOURCE THICKEN UP 4.5 G. SACHET 75
81518	Pro-Cal 510 G. Pack 1
81531	Galactomin 19 400 G. Pack 1
81560	ProSure 220 ml. Pack 1
81569	Fresubin 1000 Complete 1 L. Pack 1
81577	Nutrison 1200 Complete Multi Fibre 1 L. Pack 1
81581	Jevity Plus 1 L. Pack 1
81583	Jevity 1 L. Pack 1
81585	Jevity Plus 1.5 L. Pack 1
81599	Fresubin HP Energy 1 L. Pack 1
81600	Jevity Plus HP RTH 500 ml. Pack 1
81602	Nutrison Protein Plus 500 ml. Pack 1
81605	HCU Anamix Junior LQ 125 ml
81606	Nutrison Multi Fibre 500 ml. Pack 1
81608	Nutrision Energy Multi Fibre 200 ml. Pack 1
81614	Nutrison Multi Fibre 1 L. Pack 1
81615	Fresubin Energy Fibre 200 ml. Pack 1
81621	Fresubin 5 Kcal Shot 120 ml. Pack 1
81621	Fresubin 5 Kcal Shot 120 ml. Pack 1
81633	Nutrison Protein Plus 1 L. Pack 1
81641	Fresubin Energy 1 L. Pack 1
81647	Fresubin Original 500 ml. Pack 1
81656	HCU Lophlex LQ 125 ml
81672	Loprofin LP Egg Replacer 500 G. Pack 1
81684	Loprofin LP Egg White Replacer 100 G. Pack 1
81688	Ensure Plus Fibre 200 ml. Pack 1
81694	Kindergen 400 G. Pack 1
81707	Fortini 200 ml. Pack 1
81735	Vita-Bite 25 G. Bar 7
81739	Protifar 225 G. Pack 1
81769	Energivit 400 G. Pack 1
81776	Calshake 87 G. Sachet 7
81784	Generaid Plus 400 G. Pack 1

81798	Fortini Multi Fibre 200 ml. Pack 1
81801	Frebini Original 500 ml. Pack 1
81802	Paediasure Plus Juce 200 ml. Pack 1
81810	PK Foods LP Cookies 150 G. Pack 1
81814	Nutrini Energy Multi Fibre 200 ml. Pack 1
81819	Loprofin LP Bread/Cake Mix 500 G. Pack 1
81821	Nutrini Energy Multi Fibre 500 ml. Pack 1
81826	Juvela LP Rolls 350 G. Pack 1
81837	Paediasure Plus 200 ml. Pack 1
81842	KetoClassic 3:1 Bar 30g Pack 14
81843	KetoClassic 3:1 Bolognese Meal 130g Pack 14
81844	KetoClassic 3:1 Chicken Meal 135g Pack 14
81845	KetoClassic 3:1 Muesli 300g Pack 2
81846	KetoClassic 3:1 Porridge 300g Pack 2
81847	KetoClassic 3:1 Savoury (2 x 30g) Pack 14
81849	Paediasure Plus 500 ml. Pack 1
81851	MUSD Lophlex LQ 125 ml
81852	Tentrini 500 ml. Pack 1
81855	Aminex LP Cookies 150 G. Pack 1
81862	Tentrini Energy 500 ml. Pack 1
81873	PKU Lophlex sensation 20 1.09 G Sachet 36
81875	Tentrini Multi Fibre 500 ml. Pack 1
81888	Tentrini Energy Multi Fibre 500 ml. Pack 1
81890	Nutrison Energy 1.5 L. Pack 1
81892	TYR Lophlex LQ 125 ml Sachet 30
81900	MSUD Aid 111 500 G. Pack 1
82027	MSUD Anamix Infant 400 G. Pack 1
82063	MSUD Maxamum 500 G. Pack 1
82102	HCU Anamix Infant 400 G. Pack 1
82103	Glycosade 60 G. Sachet 30
82111	HCU Express 20 34 G. Sachet 30
82186	HCU Maxamum 500 G. Pack 1
82202	Paediasure Peptide 200 ml. Pack 1
82209	Paediasure Peptide RTH 500 ml. Pack 1
82236	Instant Carobel 135 G. Pack 1
82249	Nutilis 300 G. Pack 1
82252	Locasol 400 G. Pack 1
82325	Phlexy-10 Drink Mix 20 G. Sachet 30
82327	Phlexy-Vits 7 G. Sachet 30

82341	Fresubin Original 200 ml. Pack 1
82390	Enfamil O-Lac 400 G. Pack 1
82406	BISCUITS LOW PROTEIN 125 G. PACK
82412	Ensure Plus HP 200 ml. Pack 1
82430	Cubitan 200 ml Pack 1
82457	Nutrison Standard 500 ml. Pack 1
82473	Caprilon 420 G. Pack 1
82474	Fortimel 200 ml. Pack 1
82475	Fresubin Protein Energy 200 ml. Pack 1
82500	Altraplen Protein 200 ml. Pack 1
82501	Ensure TwoCal 200 ml. Pack 1
82503	Fresubin Energy 500 ml. Pack 1
82510	Altraplen Compact 125 ml. Pack 1
82511	SMA LF 400 G. Pack 1
82515	Fresubin Energy Fibre 500 ml. Pack 1
82519	Fresubin 2 Kcal 200 ml. Pack 1
82521	Fresubin Energy Fibre 1 L. Pack 1
82524	Fresubin 2 Kcal Fibre 200 ml. Pack 1
82525	Monogen 400 G. Pack 1
82530	Fortisip Compact 125 ml. Pack 1
82532	Fortisip Compact Fibre 125 ml. Pack 1
82563	Nutilis Complete Stage 1 125 ml. Pack 1
82569	Paediasure 500 ml. Pack 1
82570	Aptamil Pepti Junior 450 G. Pack 1
82611	Nutrini Energy 500 ml. Pack 1
82662	Nutrini 500 ml. Pack 1
82701	Promin Low Protein All Purpose Baking Mix 1000g Pack 1
82702	Promin LP Burger Mix 62 G. Sachet 4
82703	Promin Low Protein Burger Mix Beef Flavour 62g Sacbet Pack 4
82704	Promin Low Protein Burger Mix Chicken Flavour 62g Sachet 4
82705	Promin Low Protein Burger Mix Chilli Flavour 62g Sachet Pack 4
82706	Promin Low Protein Instant Mash Potato Mix 445g Pack 1
82707	Promin Low Protein Potato Cake Mix 300g Pack 1
82724	Promin LP Pasta Meal 500 G. Pack 1
82775	Fresubin Original Fibre 500 ml. Pack 1
82813	Osmolite 500 ml. Pack 1
82821	Osmolite 1 L. Pack 1
82837	Osmolite Plus 1 L. Pack 1
82976	Liquigen 250 ml. Pack 1

83007	Loprofin LP Macaroni 500 G. Pack 1
83008	KeyOmega 4 G. Sachet 30
83010	Dialamine 400 G. Pack 1
83011	EAA Supplement 12.5 G. Sachet 50
83014	GA Gel 24 G. Sachet 30
83015	HCU Cooler 130 ml. Foil Pouch 30
83016	Leucine 100 Amino Acid Supplement 4 G. Sachet 30
83017	PKU Lophlex LQ 10 62.5 ml. Foil Pouch 60
83018	Loprofin LP Animal Pasta 500 G. Pack 1
83019	Loprofin LP Pasta Spirals 500 G. Pack 1
83020	Loprofin LP Spaghetti Long 500 G. Pack 1
83021	Nutrini Peptisorb 500 ml. Pack 1
83023	Enshake 96.5 G. Sachet 6
83028	Jevity Promote 1 L. Pack 1
83029	Nutrison 1000 Complete Multi Fibre 1 L. Pack 1
83030	Ensure Plus Crème 125 G. Pack 1
83032	Perative 1 L. Pack 1
83033	Nutrison Soya 500 ml. Pack 1
83034	Nutrison Soya 1 L. Pack 1
83036	Promin LP Pasta Spirals in LP Sauce 72 G. Sachet 4
83037	Promin LP Dessert 36.5 G. Sachet 6
83040	Fresubin 1200 Complete 1 L. Pack 1
83041	Fresubin 1800 Complete 1.5 L. Pack 1
83045	Loprofin LP Dessert Mixes 150 G. Pack 1
83048	TYR Cooler 130 ml. Foil Pouch 30
83065	Nutricrem 125 G. Pack 1
83083	SMA Wysoy 430 G. Pack 1
83106	Fruiti Vits 6 G. Sachet 30
83174	Ultra PKU LP Pizza Bases 400 G. Pack 1
83182	PK Aid 4 500 G. Pack 1
83190	Seravit Paediatric 200 G. Pack 1
83206	Scandishake Mix 85 G. Sachet 6
83222	Nutrini Energy 200 ml. Pack 1
83236	Fresubin Powder Extra 62 G Sachet 7
83248	Foodlink Complete Sachet (starter pack with shaker) 57 G Sachet 5
83249	EleCare Powder 400 G
83250	Aptamil Lactose Free 400 G
83251	HCU Lophlex LQ 62.5 ml Pack 60
83252	MUSD Lophlex LQ 62.5 ml Pack 60

83253	TYR Lophlex LQ 62.5 ml Pack 60
83254	Aymes Shake 57 G Sachet 7
83257	PaediaSure Compact 125 ml Pack 1
83258	Ensure Shake 57 G Sachet 7
83260	Ketocal 2.5:1 LQ 200 ml. Pack 1
83261	PKU Synergy 33 G. Sachet 30
83264	SMA Wysoy 800 G
83265	Aymes Shake Compact (Single Flavour) 57g Sachet Pack 7
83268	Aymes Shake Starter Pack (Mixed Flavours) 57g Sachet Pack 6 (incl shaker)
83269	MUSD Lophlex 28g sachet 30
83270	AYMES Shake Fibre 57g Sachet x 7
83271	AYMES Shake Fibre 57g Sachet (Starter pack plus Shaker) x 5
83272	AYMES ActaSolve Protein Compact 57g Sachet x 7
83273	Peptisip Energy HP 200 ml.
83274	Nutrison Protein Shot 40 ml. x 6
83275	Aptamil Pepti Syneo 400g
83276	Aptamil Pepti Syneo 800g
83277	AYMES Shake Compact (Mixed Flavours) 57g Sachet (Starter Pack with Shaker) x 6
83279	PKU GMPro Ultra Sachet 33.4g x 30
83280	PKU GMPro Mix-in Sachet 12.5g x 30
83325	Vital 1.5 Kcal 200 ml Pack 1
83330	Promin LP Pasta Imitation Rice 500 G. Pack 1
83350	Nutrison Protein Plus Energy 1 L Pack 1
83401	Fresubin Soya Fibre Easy Bag 500 ml. Pack 1
83402	Jevity 500 ml. Pack 1
83413	Fresubin Soya Fibre Easy Bag 1000 ml. Pack 1
83424	Fresubin Original Fibre 1 L. Pack 1
83437	Fresubin Original 1 L. Pack 1
83461	Jevity 1.5 L. Pack 1
83478	Jevity Plus 500 ml. Pack 1
83489	Nutrison Multi Fibre 1.5 L. Pack 1
83710	Fortijuce 200 ml. Pack 1
83712	Fresubin Jucy 200 ml. Pack 1
83771	Snopro Drink 200 ml. Pack 1
83824	Osmolite Plus 1.5 L. Pack 1
83852	Survimed OPD 500 ml. Pack 1
83860	Fresubin HP Energy 500 ml. Pack 1
83865	Survimed OPD 1000 ml. Pack 1
83887	Nutrison Energy 1 L. Pack 1

83895	Nutrini 200 ml. Pack 1
83909	Nutrison Standard 1 L. Pack 1
83924	Osmolite 1.5 L. Pack 1
83954	Ensure Plus Juce 220 ml. Pack 1
83956	Ensure Compact 125 ml
83957	Nutilis Clear 175 G
83958	Nutilis Fruit Stage 3 150 G
83959	Fresubin 2Kal Crème 125 G
83960	Nutilis Clear 175 G **(IDDSI STANDARD)**
83961	Nutilis Fruit Level 4 150 G
83962	Ensure Compact Protein 125 ml Pack 1
83969	Nutilis Complete Drink Level 3 125ml. Pack 1
83976	Osmolite 1.5 Kcal 500 ml. Pack 1
84239	Osmolite 1.5 Kcal 1 L. Pack 1
84519	Peptamen Flavoured 200 ml. Pack 1
84816	Duocal Liquid 250 ml. Pack 1
84913	Duocal Super Soluble 400 G. Pack 1
84921	Elemental 028 Extra Plain/Flavour 100 G. Pack 1
84964	MCT Duocal 400 G. Pack 1
84972	Emsogen Plain/Flavour 100 G. Pack 1
85022	Suplena 237 ml. Pack 1
85027	Fresunin Thickened Level 2 200ml. Pack 1
85028	Aptamil Pepti 1 400g Pack 1
85029	Aptamil Pepti 2 400g Pack 1
85030	PKU Maxamum Plain/Flavour 500 G. Pack 1
85031	Fresunin Thickened Level 3 200ml. Pack 1
85032	AYMES ActaSolve Protein Compact 57g Sachet (Starter pack plus Shaker) x 5
85033	Altraplen Protein Daily Tetra Pack 250 ml
85034	TYR Lophlex 28g Sachet 30
85048	Fortimel Advanced 200mls Pack 1
85050	Neocate Syneo 400g Pack 1
85064	Swalloweze Clear 165 G **(IDDSI STANDARD)**
85066	K.YO 1 X 100G Pack
85067	Foodlink Complete 57 G Sachet 7
85068	Foodlink Complete with Fibre 63 G Sachet 7
85069	Fresubin 2Kal mini drink 125 ml
85070	Fortisip 2 Kcal 200 ml
85071	Altrashot 120ml Pack 4
85072	Similac Alimentium 400 G Pack 1

85073	Taranis Dalia Powder 400G
85074	Neocate Junior 400 G
85075	Vital 1.5 Kcal 1000 ml
85076	HCU Cooler 10 Red 87 ml Sachet 30
85077	HCU Cooler 20 Red 174 ml Sachet 30
85079	MSUD Cooler 10 Red 87ml Sachet 30
85080	MSUD Cooler 20 Red 174 ml Sachet 30
85081	Taranis Nophenyl (1-8yrs) 34 G Sachet 15
85082	TYR Cooler 10 Red 87 ml Sachet 30
85083	TYR Cooler 20 Red 174 ml Sachet 30
85084	Taranis Shortbread bisucits 120 G
85085	Taranis caramel shards biscuits 130 G
85087	Taranis Low Protein Cake All Flavours (6 Cakes X 40g) 240g box
85088	Taranis Cake mix 300 G
85089	Taranis French Toast 250 G
85091	Pro-Cal 15 G. Sachet 30
85092	Fortisip Extra 200 ml
85093	Fresubin 2 Kcal fibre mini drink 125 ml
85094	PKU Air 15 130 ml Sachet 30
85095	PKU Air 20 174ml Sachet 30
85096	Taranis Mix for Pancakes & Waffles 300 G
85097	Fortsip Compact Protein 125 ml. Pack 1
85098	L-Tyrosine 100 G Pack 1
85099	ProSource TF 45 ml Pack 1
85100	Complan Shake 57 G Sachet 4
85101	Taranis Hazelnut Spread 120 G Pack 1
85105	Taranis Rosotto 300 G Pack 1
85107	K.QUIK 225 ml Pack 1
85112	Vitaflo Choices Mini Crackers 40 G Pack 1
85136	ActaGain 600 Complete Maxi (milk shake style drink) 250ml Pack 1
85153	Altrajuce

Appendix 2 List B (Products Requiring Prior Approval) *(ref: GP Circular 15/19)*

Oral Nutritional Supplement	GMS code
High energy (1.5 kcal/ml), standard protein	
Ensure® Plus 200 ml	81165
Ensure® Plus 220 ml	81394
Ensure® Plus Savoury 220 ml	81147
Ensure® Plus Yoghurt Style 220 ml	81153
Fortisip® 200 ml	81170
Fortisip® PlantBased 200 ml	81316
Fortisip® Yoghurt Style 200 ml	81173
Fresubin® Energy 200 ml	81180
High energy (1.5 kcal/ml), standard protein with fibre	
Ensure® Plus Fibre 200 ml	81688
Fresubin® Energy Fibre 200 ml	81615
Nutrison Energy Multi Fibre 200 ml	81608
Very high energy (2 kcal/ml)	
Ensure® TwoCal 200 ml	82501
Fortisip® 2Kcal 200 ml	85070
Fresubin® 2Kcal 200 ml	82519
Very high energy (2 kcal/ml) with fibre	
Fresubin® 2Kcal Fibre 200 ml	82524
1 kcal/ml sip feeds	
Ensure® 250 ml	81485
Fresubin® Original 200 ml	82341
Juice style sip feeds	
Altrajuice® 200 ml	85153
Ensure® Plus Juce 220 ml	83954
Fortijuce® 200 ml	83710
Fresubin® Jucy 200 ml	83712
Semi-solid (pudding)	
Ensure® Crème Protein 125g	81315
Ensure® Plus Crème 125g	83030
Forticreme Complete® 125g	81152
Fresubin 2kcal Crème® 125g	83959
Nutilis® Fruit Stage 3 150g	83958
Nutilis® Fruit Level 4 150g	83961
Nutricrem® 125g	83065
High energy, standard protein powdered ONS	
Calshake® 87g sachet	81776
Enshake® 96.5g sachet	83023
Foodlink Extra 85g sachet	81342
Foodlink Extra 85g sachet (Starter Pack plus Shaker)	81343
Scandishake® mix 85g sachet	83206