Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

National Shared Services

Primary Care Reimbursement Service

Information and Administrative Arrangements For General Practitioners

HSE - National Shared Services

Primary Care Reimbursement Service

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1.0 HSE – NATIONAL SHARED SERVICES - PRIMARY CARE REIMBURSEMENT SERVICE

HSE - Shared Services - Primary Care Reimbursement Service carries out the following functions on behalf of the Health Service Executives in relation to the provision of services by General Practitioners, Pharmacists, Dentists and Optometrists/ Ophthalmologists:

- Calculation of payments
- Making of such payments
- Verification of accuracy and reasonableness of claims
- Compilation of statistics

In respect of the following schemes:

- General Medical Services Scheme (GMS)
- Drugs Payment Scheme (DPS)
- Long Term Illness Scheme (LTI)
- Health (Amendment) Act, 1996 (HAA)
- High Tech Drugs (HTD)
- Methadone Treatment Scheme
- Dental Treatment Services Scheme (DTSS)
- Community Ophthalmic Services Scheme (HBCOSS)
- Primary Childhood Immunisation SchemeEuropean Economic Area (EEA)

The PCRS currently deals with claims in respect of some 40.2 million prescription items per annum (2002 figures, increasing by approx. 4.2 million per annum) plus payments to Doctors, Pharmacists, Dentists, Optometrists/Ophthalmologists and Wholesalers.

2.0 SCHEMES OVERVIEW

2.1 General Medical Services Scheme (GMS Scheme)

Eligibility

Persons who are unable, without undue hardship, to arrange General Practitioner medical and surgical services for themselves and their dependants. Since the 1st July 2001, all persons aged 70 years and over are eligible for GMS services.

The person registers with the Doctor of his/her choice and is entitled to receive free Doctor, Dentist and Optometrist treatment and prescribed medicines and appliances from the list approved by the Minister.

Each GMS eligible person is issued with a laminated plastic medical card by their Local HSE Office , which contains the person's name, medical card number and other information embossed thereon. All cards are valid for a particular period of time and contain a 'Valid To' date.

Drugs and Medicines reimbursable under the GMS Scheme

- Medicinal Products are approved by the GMS Division of the Department of Health & Children on a monthly basis

- Manufacturer/ Agent submits application to the Department of Health & Children

- Product must have a current EU Commission Marketing Authorisation (MA) or a Product Authorisation (PA) issued by the Irish Medicines Board (IMB)

- Products must comply with the Pricing Structure of the IPHA Agreement (Agreement between the Department of Health and Children and the Irish Pharmaceutical Healthcare Association)

- Products must belong to a category eligible for reimbursement under the GMS Scheme pursuant to EU Council Directive 89/105 EC

- Product, if approved, is notified by Department of Health and Children to the Primary Care Reimbursement Service

- Monthly Updates are prepared by the PCRS and sent out to all relevant Contractors – Doctors & Pharmacists

- Product is then reimbursable from 1st day of following month

- Manufacturers must also notify the Department of Health and Children and the PCRS of any changes to the list of approved products e.g. change of pack size, discontinuation of pack size and these changes are also approved by the Department of Health and Children.

Non-Drug Items Reimbursable under the GMS Scheme

- Items are decided by the Non Drug Review Group of the Primary Care Reimbursement Service and approved by the Minister

- Decisions are made once a year at the Autumn Review

- Manufacturer / Agent submits application each autumn to the PCRS

- Products must comply with the criteria published by the PCRS

- Products must be CE Marked and/or comply with EU legislation

- Manufacturer/Agent must submit satisfactory results of relevant trials i.e. user/clinical trialsManufacturer/Agent must submit final sample of product.

- Products must comply with agreed pricing structure

- Draft Update of Proposals sent to Manufacturers – 2-week period for representation allowed

- Representations received and final decisions made by the Non Drug Review Group

- Update prepared and sent out to all relevant Contractors and Healthcare Personnel

- Update effective from 1st January each year.

A List of the Non Drug Items reimbursable under the General Medical Services Scheme is available to health professionals, on the PCRS's web site at http://nss.hse.ie, who can also obtain the price of some flat rate products - in all other cases the trade prices as notified to the PCRS by manufacturers and/or suppliers will be paid.

Economic Prescribing and Dispensing in the GMS Scheme

Doctors have been asked for their co-operation in securing whatever economies are possible without reducing the effectiveness of the service or affecting the best interests of patients. You are requested to consider, when prescribing, whether there is an equally effective but less expensive medicinal product available. In this regard the Medical and Pharmaceutical representative bodies have indicated that they are prepared to co-operate with the PCRS in achieving economy.

GP (General Practitioner) Visit Card

Eligibility

Persons whose income limit is less than the income guideline that applies to their circumstances are eligible for a GP Visit Card. If it is decided by the Health Service Executive that financial hardship would arise because of medical costs or other exceptional circumstances even when the income limit is greater than the guideline that applies to that person they will be issued with a discretionary GP Visit Card.

A card may be granted for the whole family or for an individual member of the family on the grounds of financial hardship

The person registers with the doctor of their choice and is entitled to receive free Doctor treatment. **They are not entitled to Dentist or Optometrist treatment or prescribed medicines and appliances.**

Each GP Visit eligible person is issued with a laminated plastic GP Visit card by their Local HSE Office, which contains the person's name, GP Visit card number and other information. All cards are valid for a particular period of time and contain a 'Valid To' date.

2.2 Drugs Payment Scheme (DPS)

The Drugs Payment Scheme applies to persons who are ordinarily resident in Ireland and do not have a current medical card.

On the 1st July 1999 the Drugs Payment Scheme was launched. An individual or family now has to pay no more than €85 in a calendar month for approved medicines and appliances. Persons wishing to avail of their entitlement **must** register with their local Health Office and will receive a DPS Card which bears a family identification number, eligible persons name, Personal Public Service Number (PPSN) and a 'valid to' date

Eligible persons who have been registered by their local Health Office 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.

Drugs Medicines and Appliances reimbursable under the Drugs Payment Scheme

General

The list of drugs, medicines, appliances and other non-drug items specified in the GMS Code Book (including all updates) form the common list of items for both the GMS Scheme and the Drugs Payment Scheme.

Extemporaneous Preparations

Only extemporaneous preparations currently reimbursable under the GMS Scheme are covered under the DPS.

Ostomy & Urinary Products.

Ostomy and urinary products previously being claimed for under the two previous schemes, which are not reimbursable under the GMS Scheme, will continue to be reimbursed until further notice.

The following 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 Local Health Office.

Dressings

Dressings reimbursable under the DPS will be those listed under the dressings section of the list of flat rated non-drug items currently reimbursable on Stock Order forms under the GMS Scheme, effective 1 January 2003. However as an exceptional transitional measure non-GMS dressings (except those advertised to the public) which were reimbursed under the previous schemes, will continue to be reimbursable under the DPS. A review will take place and a final supplementary list of dressings will be drawn up.

Incontinence Products

Incontinence products previously claimed for under the previous schemes will be reimbursed under the DPS. Only genuine incontinence products not advertised to the public will be reimbursable.

During the interim period a review will take place and a supplementary list of incontinence products will be drawn up. Supply of items from this list will be subject to clients' needs as determined by professional HSE personnel on an individual basis.

Infertility Drugs

Infertility drugs previously claimed for under the previous schemes will be reimbursed under the DPS as a transitionary measure. Any medicinal product for female infertility newly available since July 1999 may only be reimbursed with the approval of the Department of Health and Children. This does not refer to drugs intended for use or administration in hospitals. **Unauthorised Medicines**
In certain exceptional circumstances unauthorised medicinal products will be allowed on the DPS provided that they are prescribed and dispensed in accordance with an agreed Protocol (See 'Supply of Unauthorised Medicinal Products' below).

Supply of Unauthorised Medicinal Products under the Drugs Payments Scheme

The circumstances in which payment for such medicinal products will be made are as follows:

(a) The medicinal product concerned should be an 'allopathic' medicinal product which has been industrially produced and which is appropriate for use in the community

(b) The medicinal product concerned should be such that no authorised medicinal product of essential similarity is available for prescription and supply under the Community Drug Scheme concerned

(c) The prescription concerned should be written or initiated by a medical consultant who is aware of the unauthorised status of the medicinal product concerned and who has informed the patient of the situation

(d) The dispensing Pharmacist has also informed the patient of the unauthorised status of the medicinal product prescribed and that its quality, safety and efficacy has not been established in this country

(e) The medicinal product concerned is not being advertised or promoted in the State either as such or in any trade catalogue or price list in circulation in the State

(f) The application made for reimbursement is accompanied by a copy of the invoice relating to the supply of the medicinal product to the Pharmacist concerned and, if necessary, is supported by an explanation of the special circumstances which required the supply of the unauthorised medicinal product

(g) The medicinal product concerned has been written on a prescription form as the only item on the form

(h) The cost of the medicinal product concerned should be reasonable in the context of medicinal products ordinarily supplied and used in the community and be of a category which, if it were authorised, would be eligible for reimbursement in the Community Drug Scheme concerned

(i) The original prescription or a copy thereof, together with appropriate records of supply, is retained in the pharmacy and kept available for inspection as required.

2.3 Long Term Illness Scheme (LTI Scheme)

On approval by HSE persons who suffer from one or more of a schedule of illnesses are entitled to obtain, without charge, irrespective of income, necessary drugs/medicines and/or appliances under the LTI Scheme. LTI cardholders are only approved for drugs relating to their Long Term Illness. The Primary Care Reimbursement Service makes payments on behalf of the HSE for LTI claims submitted by pharmacies. The LTI Card holder must pay for the Doctor's services

There are 15 specified LTI Conditions:

- Mental Handicap
- Hydrocephalus
- Cerebral Palsy
- Muscular Dystrophy
- Haemophilia
- Diabetes Mellitus
- Diabetes Insipidus
- Epilepsy
- Multiple Sclerosis
- Parkinsonism
- Cystic Fibrosis
- Phenylketonuria
- Acute Leukaemia
- Mental Illness (under 16 years of age)
- Spina Bifida

Drugs, Medicines and Non Drug Items reimbursable under the LTI Scheme are intended for the treatment of the primary condition and are approved by the HSE Office in which the eligible person resides.

Diabetes Mellitus

The Department of Health and Children circulated to HSE Offices (in 2000) the decision by the Minister "to include medicines for the treatment of hypertension and/or hypercholesterolaemia in diabetic patients under the Long Term Illness Scheme".

The effect of this decision is that patients with diabetes mellitus who develop hypertension and hypercholesterolaemia as a result of their condition are entitled to be prescribed GMS reimbursable medication under the following drug categories as per the WHO Anatomical Therapeutic Chemical (ATC) 2nd level classification [the 1st level being 'C' (Cardiovascular System)].

Treatment of Hypertension

Antihypertensives (C02)
Diuretics (C03)
Beta blocking Agents (C07)
Calcium Channel Blockers (C08)
Agents acting on the Renin-Angiotensin system (C09)

Treatment of Hypercholesterolaemia

Serum Lipid reducing agents (C10)

For example, the ATC 5th level for Frusemide is C03CA01 and for Captropril it is C09AA01. If you wish to learn more about the ATC System, you can visit the WHO Collaborating Centre for Drug Statistics Methodology Website, www.whocc.no/atcddd/.

2.4 Health (Amendment) Act, 1996 (HAA)

The Government has provided in the above Act, for the making available without charge of certain health services to certain persons who have contracted Hepatitis C directly or indirectly from the use of Human Immunoglobulin-Anti-D or the receipt within the State of another blood product or blood transfusion. GP services, Pharmaceutical services, Dental services and Optometric/Ophthalmic services provided under the Act are paid for by the Primary Care Reimbursement Service.

Eligible persons will receive a Health (Amendment) Act, 1996 Services Card from their Local Health Office. This card is personal to the holder and is valid indefinitely. It should be presented when the eligible person wishes to avail of services under the Act.

Persons eligible under the Act are entitled to receive drugs, medicines and medical and surgical appliances, which are prescribed by a medical practitioner free of charge.

General Practitioners will be paid on a fee-per-item basis for services provided under the Act. Prescriptions issued under this scheme will be on a private prescription form.

To claim the appropriate fee the general practitioner should complete the 'Health (Amendment) Act, 1996' claim form. The form should be duly signed by the patient and forwarded along with the STC/SS/OOH claims to the Primary Care Reimbursement Service. Claims should be received on or before the 7th of the month following the month is which the services were provided. Supplies of claim forms are available from the Primary Care Reimbursement Service.

2.5 High Tech Drugs Scheme (HTD Scheme)

Commenced in November 1996, the HTD Scheme provides for the supply and dispensing of high-tech medicines through community pharmacies. 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 and growth hormones.

Drugs reimbursable under the High Tech Drugs Scheme

- All Drugs reimbursable under the HTD Scheme are approved by the Department of Health and Children in a similar manner to those on the GMS Scheme
- Approvals are notified by Department of Health and Children to the Primary Care Reimbursement Service.
- Periodic updates prepared by the PCRS are sent to all relevant Contractors and Healthcare Personnel.
- Update is effective from 1st day of the following month.

These arrangements are designed to provide a quality community based service to patients by ensuring the active involvement of community Pharmacists in the dispensing of High Tech medicines that were previously supplied in the main through Hospitals or HSE.

For the purpose of ensuring smooth operation of this Scheme each HSE Region has designated a person who will be known as the High Tech Liaison Officer – the Liaison Officer will be responsible for co-ordinating the Scheme.

Patient Entitlement Categories

Patients entitled to services under the High Tech Scheme will be categorised under one of the following categories:

- Medical card holders; are entitled to all High Tech items from the agreed list free of charge

- Persons covered under the Health (Amendment) Act, 1996, are entitled to all items from the agreed list free of charge

- LTI persons; are entitled to an item(s) from the agreed High Tech list free of charge only if the item has been authorised for their particular Long Term Condition

- DPS card holders; will continue to pay €85 towards the total cost of all their medication (High Tech and regular medicines).

It is intended that each Patient with entitlement under any other Scheme will retain his/her existing authorisation number, e.g. Medical Card Number/DPS Card Number. The HSE will issue each patient with a letter of authorisation that will serve the purpose of identifying the patient to the Pharmacy when High Tech Items are to be dispensed.

2.6 Methadone Treatment Scheme

The Methadone Treatment Scheme commenced in October 1998. Under the Scheme Methadone is prescribed and dispensed by Doctors and Pharmacists for approved clients. Patient care fees under this Scheme are paid to participating Doctors and Pharmacists.

Central Treatment List

The Central Treatment List contains information on all persons for whom methadone treatment has been prescribed. The information contained in this list is based on information which must be supplied by prescribers under Regulation 3 of the 1998 Regulations.

Information contained in the Central Treatment List is confidential.

Drug Treatment Card

A Drug Treatment Card is issued in respect of all patients notified to the Central Treatment List. The card contains the name and photograph of the relevant patient and the name of the patient's Doctor and pharmacy. The card is sent directly to the patient's pharmacy where it is held on behalf of the patient.

Prescriptions for the treatment of opiate dependent patients may only be dispensed for patients for whom a drug treatment card has been issued and remains valid.

Methadone Prescriptions Writing Requirements

All prescriptions for methadone must be written on a Methadone Prescription form.

It is unlawful for a practitioner to issue, or a Pharmacist to dispense, a prescription for a Schedule 2 or 3 controlled drug unless it complies with the following requirements:

The prescription must:

- Be in ink or otherwise indelible and be signed by the practitioner with his/her usual signature and dated by him/her
- Clearly indicate the name of the practitioner issuing it and, except in the case of a health prescription (GMS), specify his/her name and address
- Specify (in the prescribers' handwriting) the name including the given name, and address of the person for whose treatment it is issued
- State that the person issuing it, is a registered medical practitioner, and the telephone at which the practitioner may be contacted
- Specify (in the prescribers' handwriting) (i) the dose to be taken, (ii) the form in the case of preparations, (iii) the strength (where appropriate) and (iv) in both words and figures, either the total quantity of the drug or preparation or the number of dosage units to be supplied
- In the case of a prescription for a total quantity intended for dispensing by instalments, specify the amount of the instalment and the intervals at which the instalments may be dispensed.

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

In the case of a prescription for methadone, which is being issued for the treatment of a person for the 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 consultant, whose name and address must be included on the prescription, and
- The prescription is written on a form supplied by or on behalf of the Minister for Health and Children

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

Pharmacists are equally obliged not to supply methadone to any person unless the procedures and requirements outlined above are fully complied with and that they too are satisfied as to the identity of the person for whose treatment the prescription has been issued and that the person is the holder of a valid drug treatment card.

The information on the prescription forms must be clearly stated. Information that is incomplete, illegible or misleading will present difficulties to the Pharmacist in attempting to dispense it to the patient, who may urgently require the medication and to the prescriber to whom the patient may be required to return to have the prescription appropriately completed.

Under the Misuse of Drugs (Supervision of Prescription and Control of Supply) Regulations, 1998, a Pharmacist is required to notify the Minister for Health and Children, on a monthly basis, of each Methadone prescription dispensed (whether or not issued in connection with opiate addiction).

2.7 Dental Treatment Services Scheme (DTSS)

Under the Dental Treatment Services Scheme GMS eligible adults have access to a range of dental treatments and clinical procedures. Dentists may prescribe a range of medicines to eligible persons and the cardholder receives the drugs free of charge e.g. antibiotics for an abscess. The medicines are listed in the Dental Practitioners List of Prescribable Medicinal Products, which is updated periodically with approvals from the Department of Health & Children. Claims by Dentists are processed and paid by the Primary Care Reimbursement Service.

2.8 Health Board Community Ophthalmic Services Scheme (HBCOSS)

Under this scheme all medical card holders are entitled, free of charge, to eye examinations and necessary spectacles/appliances. All children aged 0-11 years are entitled, free of charge to spectacles/appliances.

2.9 Primary Childhood Immunisation Scheme

A national scheme providing immunisation of the total child population with the aim of eliminating, as far as possible, such conditions as Polio, Measles, Mumps, Rubella etc. The appropriate HSE Region generally makes payments under this scheme, however the Primary Care Reimbursement Service makes such payments on behalf of some HSE Regions.

2.10 European Economic Area (EEA) Entitlements – Visitors and Workers

Form E111

Residents from one of the other member states of the European Economic Area, with established eligibility, who require emergency General Practitioner services while on a temporary visit to the state, are entitled to such services and to receive a GMS prescription form for necessary medication from a General Practitioner and to have such medication dispensed in a Pharmacy that has entered into an agreement with a HSE Region within the State.

Applicants for health services under this scheme can prove entitlement to GMS services by presenting an official Form E111 duly completed and certified in the country of origin. It should be noted that the Form E111 is valid only for the period specified on it.

Reciprocal Arrangements with the UK

Under reciprocal arrangements with the UK, evidence of entitlement to services may be established without presentation of a form E111. Under these arrangements a UK resident wishing to avail of these emergency services must produce documentary evidence of such residence or their entitlement to such services in the U.K., e.g. a National Health Services identity document, a current passport or similar document. Where a Doctor has sight of documentation that would establish bona fide residence in the U.K. such document may be accepted as evidence of eligibility.

If a Doctor has reason to believe that a person, while in possession of appropriate documentation is, in fact, ordinarily resident in Ireland, the person should be asked to have his/her eligibility confirmed by the local HSE Office.

Presentation of UK documentation does not entitle the holder to free services outside the terms stated.

Details of the persons Form E111 or of the UK documentation produced should be recorded on all STC claim forms and on all prescription forms.

These arrangements are intended to cover persons who are staying temporarily in the State. They do not cover persons who come to Ireland specifically for the purpose of obtaining medical treatment or for continuous residence or for retirement etc. Continuous treatment, including repeat prescriptions, should not be involved. Accordingly, medication requiring motivational support to the recipient, e.g. smoking cessation therapies, could not be viewed as emergency treatment.

Form E128

EU Administrative Commission Decision No. 165 of 30th June 1997 provides for the introduction of full health cover in EEA member states for certain workers and their dependants who accompany them abroad, and also for students and their dependants who accompany them abroad for the duration of a course of studies. A Form E128 has been introduced to certify the entitlement to the full range of health care in the country into which a migrant has come for persons in the categories mentioned above - this form must be presented when treatment is required.

In Ireland the effect of this decision is that persons from other EEA countries who present with a Form E128 are entitled to free GP services, including prescriptions where necessary, and free public hospital treatment for any condition whether or not it is of an emergency nature.

As the range of services which may be provided are those which are currently available to Medical Card holders persons seeking treatment must present to General Practitioners / Pharmacists who are participating in the General Medical Services Scheme. Where it is necessary to prescribe drugs / medicines / appliances the patient must be issued with a GMS prescription form. Items currently reimbursable under the General Medical Services Scheme will be supplied under this arrangement free of charge. The name, address and country of origin of the person

to whom services are provided must be clearly stated on all prescription forms. 'E128' must also be clearly written in the space provided for Medical Card Number.

EUROPEAN HEALTH INSURANCE CARD

The European Health Insurance Card was introduced in Ireland and in many other EU / EEA member states from **1 June 2004**. It replaced all the paper forms needed to access necessary healthcare under EU regulations within the public system when on a **temporary stay** in another EU / EEA member state or Switzerland.

Of these forms, the E111 is the most widely -used, but the Card also replaced some other forms including the E128 (used by posted workers and students), the E110 (used by international transport workers) and the health aspect of the E119 (used by jobseekers). In order to facilitate the replacement of all these forms by a single Card, an amendment to the relevant EU Regulation has been agreed, which ensures that all those on temporary stays in another member state now receive care that *becomes necessary, taking into account the nature of the care and the expected length of stay.*

In order to facilitate liaison by the Primary Care Reimbursement Service with card issuing authorities in the other jurisdictions and to facilitate the processing and payment of claims, the following information should be entered clearly onto the STC claim form:

The person's 'Name' and 'Given Names', which appear at fields 3 and 4 of the card or the Provisional Replacement Certificate (PRC), of which further details are to be found in the attached guidelines, should be entered in the space provided for 'Patient's Name'.

The two-digit 'Country Code', which appears on the top right of the card or in field 2 on the PRC, along with the 'Personal Identification Number', in field 6, should be entered in the space provided for the 'Medical Card Number', e.g. for a person from Austria (AT) with a number 12345678987 you would enter: 'AT-12345678987'.

The ‘Identification Number of the Institution’, in field 7 of the card or the Provisional Replacement Certificate, should be entered in the space provided for ‘Agency for EC Patient’.

The ‘Expiry Date’, in field 9 of the card or the Provisional Replacement Certificate, should be entered in the space provided for ‘Valid To’.

The STC code ‘C’ should be entered as normal in the ‘STC Code’ box.

Third party verification is mandatory i.e. all EC claims should have the patient’s signature included.

Where it is necessary for the GP to write a prescription the items detailed at 1 – 4 above should be entered into the patient details box on the prescription, as follows:

Patient’s Name:……. *The ’Name’ and ‘Given Names’ (fields 3 and 4)*
Medical Card No:…….*Tthe two-digit ‘Country Code’ along with the ‘Personal Identification Number’ (field 6)*
Address:…… *Tthe ‘Identification Number of the Institution’ (field 7)*
Valid To:…… *The ‘Expiry Date’ (field 9)*

You may wish to note that there is no change to the existing arrangements between Ireland and the UK, and 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.

Queries in relation to EC Claims on STC claim forms should be directed to the Head of Doctors Unit, PCRS, Exit 5, M50, North Road, Finglas, Dublin 11.

Queries in relation to the European Health Insurance Card procedure or guidelines should be directed to your HSE Office, or visit the new website set up for this at www.ehic.ie.

3.0 ADMINISTRATIVE ARRANGEMENTS

3.1 General

Each eligible person under any of the above schemes is provided, by his or her HSE Office, with an identifier, with the exception of the Primary Childhood Immunisation Scheme:

- General Medical Services Scheme (GMS) –
    - GMS Card; This card covers all GMS Services. A laminated plastic card containing information on the card relating to the individual and a 'valid to' date.
    - GP Visit Card: This card covers limited GMS Services. The GP Visit Card Holder is entitled to receive free Doctor treatment. They are not entitled to Dentist or Optometrist treatment or prescribed medicines and appliances. A laminated plastic card containing information on the card relating to the individual and a 'valid to' date.
- Drugs Payment Scheme (DPS) – DPS Card; A laminated plastic card containing information printed on the card relating to the individual and a 'valid to' date.
- Long Term Illness Scheme (LTI) – LTI Book
- Health (Amendment) Act, 1996 – Health Amendment Act Entitlement Card
- Dental Treatment Scheme (DTSS) – GMS Card
- High Tech Drugs (HTD) – Pharmacy designated by patient – present whichever card is appropriate (GMS/DPS)

- Methadone Treatment Scheme – Drug Treatment Centre issue a card number, card is given to designated Pharmacy - Drug Treatment Card

- Health Board Community Ophthalmic Services Scheme (HBCOSS) – GMS Card

3.2 Payments

- Capitation payments are made on a current basis each month. Payments for specified additional services, properly claimed, are made in the month following the submission of those claims to the Primary Care Reimbursement Service.

- Payment is made by Credit Transfer to the Bank Account most recently identified on the Pay Mandate form received by the PCRS. It is your responsibility to keep the PCRS advised of your correct bank account details.

- Details of claims paid are reported on a 'Detailed Payment Listing', which is issued within a week of payment to each General Practitioner paid in that month.

- A Form F45-1 is also issued, under separate cover, in respect of each Doctor paid in a particular month.

Errors encountered in the processing of data entered on a form will result in the non-payment of such claims. These will be reported on a Reject/Reclaim Listing, which form part of the monthly detailed payment listing issued by the PCRS. The reason for the rejection will be given and where applicable the claimant will be asked to insert additional/corrected information on the listing and return same to the PCRS for processing.

Queries in respect of submitted claims should be addressed to the Unit Head, Doctors Unit.

3.3 Fees and allowances Payable to General Practitioners Participating in the General Medical Services Scheme and the Immunisation Programmes.

Capitation Agreement

Fees and Allowances are Payable Under the Capitation Agreement in Respect of:

- Capitation Fees
- Fee in respect of Patients in a Home for the Aged
- Out of Hours Fees
- Special Items of Service (18 Categories)
- Temporary Residents (Surgery and Domiciliary Consultations)
- Emergency Fee
- Residents of the EEA
- Rural Dispensing Fee
- Fee for Second Medical Opinion
- Annual Rural Practice Allowance
- Contribution to Locum Expenses for Annual, Study, Maternity, Sick Leave and leave for attending meetings of Statutory Bodies or G.P. Committees.
- Practice Support Allowance in Respect of Practice Secretary and Practice Nurse Services
- Refund of Medical Indemnity Insurance Premium
- Supplementary Allowances

Fee per Item Agreement

Fees and Allowances are Payable Under Fee Per Item Agreement in Respect of

- Surgery Consultation
- Domiciliary Consultation
- Emergency Fee
- Residents of the EEA
- Dispensing Fee
- Annual Rural Practitioners Allowance
- Annual Locum and Practice Expense Allowance
- Homes for the Aged – Session Rate
- Special Items of Service (11 Categories)
- Refund of Medical Indemnity Insurance Premium

3.4 Claiming Procedures

Special Type Consultations / Special Items of Service / Out of Hours.

When claiming for Special type consultations / Special Services or Out of Hours the items indicated for each category must be clearly entered in the appropriate spaces on the claim form and the Patient / Patient representative is required to sign the form in some cases. Doctors are reminded that such claims must be submitted so as to reach the Primary Care Reimbursement Service not later than the 7th of the month for payment on 15th of the following month. Claims received after the 7th of the month will not be processed for payment until the following month. As claims are processed in monthly cycles Doctors are requested to refrain from submitting claims for the following month with their current month's bundle.

The fee payable in respect of each special type consultation is made up of a number of elements; therefore it is essential that all of the consultation details appear on the claim – below are some examples:

The patient is staying 6 miles from the Doctor's centre of practice and requires a domiciliary consultation at 21:00hours on October 2nd –

If the patient is a **Temporary resident** the centre panel on the claim should read as follows –

STC Code E/T/C/H	Form No. STC	Claim Date	Location S/D	Agency for E.U Patients	Visit Class D/L/N/A	Distance Code A/B/C/D	Time 0000Hr.-2400Hr.-	Special Service Code
T	1000	***02 10 00***	***D***		***L***	***C***		

Please refer to Fee Schedule for current rate

If the Patient requires an **Emergency consultation** for **urgent treatment** and cannot locate his or her own Doctor or a partner of his or her own Doctor the claim should read –

STC Code E/T/C/H	Form No. STC	Claim Date	Location S/D	Agency for E.U Patients	Visit Class D/L/N/A	Distance Code A/B/C/D	Time 0000Hr.-2400Hr.-	Special Service Code
E	1000	***02 10 00***	***D***		***L***	***C***		

Please refer to Fee Schedule for current rate

If the patient is a **visitor** from the United Kingdom the claim should read –

STC Code E/T/C/H	Form No. STC	Claim Date	Location S/D	Agency for E.U Patients	Visit Class D/L/N/A	Distance Code A/B/C/D	Time 0000Hr.-2400Hr.-	Special Service Code
C	1000	***02 10 00***	***D***	***NHS***	***L***	***C***		

Please refer to Fee Schedule for current rate

If the patient is registered on your **own panel** or that of your partner or Rota partner, the claim will be an Out of Hours and should read –

STC Code E/T/C/H	Form No. STC	Claim Date	Location S/D	Agency for E.U Patients	Visit Class D/L/N/A	Distance Code A/B/C/D	Time 0000Hr.-2400Hr.-	Special Service Code
H	1000	***02 10 00***	***D***			***C***	***2100***	

Please refer to Fee Schedule for current rate

If the patient is registered on your **own panel** or that of your partner or Rota partner and a special item of service is required e.g. Nebuliser Treatment the claim will be an Out of Hours and a Special item of Service and should read

STC Code E/T/C/H	Form No. STC	Claim Date	Location S/D	Agency for E.U Patients	Visit Class D/L/N/A	Distance Code A/B/C/D	Time 0000Hr.-2400Hr.-	Special Service Code
H	1000	***02 10 00***	***D***			***C***	***2100***	***K***

Please refer to Fee Schedule for current rate

If making a claim for a patient registered on your Rota partner's panel outside the rota hours, the claim will be an Emergency claim and therefore insert 'E' in the STC code area.

Detailed hereunder are the specific criteria that apply to each consultation type.

Temporary Residents

Claims under this category may be made for persons who are eligible for services and who are **temporarily residing** away from their normal residence, providing the claiming Doctor is not the Doctor of choice or a partner of the Doctor of choice or participating in a Rota arrangement with the Doctor of choice.

The code **'T'** must be inserted in the section of the claim form titled 'STC Code E/T/C/H'.

The medical card number of the eligible person must be quoted - the claim will reject if the number is incorrect or if the patient is ineligible for services.

A visit location code of 'S' for Surgery or 'D' for Domiciliary must be entered together with a distance code indicator in respect of domiciliary visits.

Claims must be classified as D.L.N. or A. i.e.

D	Day - 8am to 8pm
L	Late - 8pm to Midnight
N	Night - Midnight to 8am

Each claim must be dated in DDMMYY format.

Note:
Children in a cardholders family not yet on the Doctor's list e.g. a new-born baby should be claimed for, using Special Type Consultations (STC's).

Emergency

An Emergency claim may be made when a person who is eligible for services under the GMS Scheme presents for treatment of an **urgent nature** to a Doctor other than the Doctor of choice or a partner of the Doctor of choice. The claiming Doctor may be in a recognised Rota arrangement with the Doctor of choice but may only claim an Emergency in respect of an urgent consultation, which occurred outside the hours specified under the Rota arrangement.

The medical card number of the eligible person must be quoted - the claim will reject if the number is incorrect or if the patient is ineligible for services.

The STC Code **'E'** denoting Emergency must be entered in the appropriate section of the claim form.

A visit location code of 'S' for Surgery or 'D' for Domiciliary must be entered together with a distance code indicator in respect of domiciliary visits.

Claims must be classified as Day, Late or Night

Each claim must be dated in DDMMYY format.

EEA Visitors

Emergency services may be provided to an eligible person who is **temporarily** visiting the State and who resides in one of the other European Community countries.

Such visitors are only entitled to medical treatment for illness or accidents, which require urgent attention. A resident of any of the member states except the UK must prove eligibility for services by producing a valid E111 form issued in their country of origin or a valid European Health Insurance Card. A UK resident must produce documentary evidence of entitlement to services in the UK e.g. DHSS card. The Doctor as proof of entitlement may accept other documentation such as a current passport, which would confirm residency in the UK. When a Doctor has reason to believe that a claimant is a resident of the State, he may request a HSE Office to verify a person's entitlement.

EEA should be entered in the Medical card number area.

The STC Code **'C'** must be entered in the appropriate section of the claim form.

A visit location code of 'S' for Surgery or 'D' for Domiciliary must be entered together with a distance code indicator in respect of domiciliary visits.

Claims must be classified as Day, Late, or Night

Each claim must be dated in DDMMYY format.

Out of Hours Claims

An out of hours claim may only be made by:

- The Doctor of choice of a GMS person
- By a partner of the Doctor of choice
- A Doctor who has entered into a recognised rota arrangement with the Doctor of choice, when such arrangements have been notified to the PCRS.

Code **'H'** must be inserted in the section of the claim form entitled 'STC Code E/T/C/H'.

The medical card number of the patient must be quoted - the claim will reject if the number is incorrect or if the patient is ineligible for services.

A visit location code of 'S' for Surgery or 'D' for Domiciliary is required and a

Distance Code indicator for domiciliary claims (see enclosed matrix for list of distance codes).

Each claim must be dated in DDMMYY format.

The following criteria will apply when claiming an Out of Hours fee in respect of a **non-routine consultation**:- Monday to Friday inclusive - the time must be between 17.00 hours and 09.00 hours excluding:

(i) Consultations made during normal contractual surgery hours and
(ii) Consultations made as part of an overflow occurring in normal surgery hours.

Saturday, Sunday and Bank Holidays - all consultations may be classified as Out of Hours.

The person, who is the subject of an Out of Hours claim, is required to complete the time of consultation and to sign the Form in the space provided. If a person other than the Patient completes this section on behalf of the patient the relationship to the patient must be indicated on the form.

When more than one patient is seen during the course of an Out of Hours domiciliary consultation, the fee payable thereafter will be the Additional Fee.

Special Items of Service

A Medical Practitioner who intends to provide special services must register with the Manager of his/her G.P. Unit the range of such services, which he proposes to provide. All Special Items of Service claims are validated against information notified to local HSE Office, which in turn updates the PCRS's information database.

Claims for Special Services may be made in addition to any of the Special type Consultations detailed above or in the case of the Doctors own patient treated within normal surgery hours. A claim may also be made by a Doctor to whom the patient was referred by the Doctor of choice - where a Doctor of choice refers a patient to another GMS Doctor the claiming Doctor should identify the referring Doctor where possible and '***Referral'*** should be stated clearly on the form.

The medical card number of the patient must be quoted - the claim will reject if the number is incorrect or if the patient is ineligible for services. The visit classification of D, L, N or A must be indicated and each claim must be dated DDMMYY format.

The person, who is the subject of a claim for Special Services is required to sign the Form in the space provided. If a person other than the Patient completes this section on behalf of the patient the relationship to the patient must be indicated on the form.

The range of 18 special services which suitably qualified Doctors may claim is attached at Appendix A.

Case Conference

A case conference fee is payable in all cases where a Doctor has been requested to attend a case conference by the HSE DCC/MOH.
To prevent delay in payment, please ensure the DCC/MOH signs the form before forwarding to the Primary Care Reimbursement Service.

Second Medical Opinion

Second medical opinion requires both Doctor's signatures and 'second medical opinion' should be stated clearly on the form.

Others

Fees are also payable to General Practitioners in respect of the National Primary Immunisation programme and the Influenza, Pneumococcal, Hepatitis B or Meningitis C Immunisations.

Details of the current fees payable are available in the ‘Schedule of Fees and Allowances’ booklet, which is available in hard copy from the Primary Care Reimbursement Service.

3.5 Withholding Tax from Payments for Professional Services

Under the terms of the Finance Act, the PCRS is obliged to deduct Withholding Tax, (currently 20%) from all payments for professional services by contractors under all Schemes administered by the PCRS.

Each General Practitioner is required under the relevant legislation to furnish the PCRS with their income tax reference number on a form provided. The PCRS will issue a completed FormF45-1 showing details of the payment and tax deducted to each Doctor who has submitted a Tax Reference Number – such information is also shown on monthly Summary Listings.

Where no tax reference number has been submitted, the PCRS will be obliged to deduct the tax but will not be authorised to issue form F45-1. It appears that in such circumstances a Doctor 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 in your own region.

3.6 Christmas/New Year arrangements:

Because of Christmas/New Year leave arrangements, public holidays, postal services etc. almost two full processing weeks are lost during this period. A specific letter of request may be made towards year-end detailing appropriate arrangements.

4.0 GENERAL INFORMATION

4.1 General

Nicotine Replacement Therapy

The Department of Health and Children has approved the reimbursement of Nicotine Replacement Therapy for eligible GMS persons with effect from the 1st April 2001.

The quantity to be prescribed and dispensed on an initial prescription should be limited to a two-week supply, sufficient to evaluate the success of this therapy for individual patients. It should be noted that the products approved in this regard may not be prescribed on GMS Repeat Prescription forms.

Ostomy/Urinary Products

All ostomy/urinary products currently being prescribed, as at 1 September 1994, will continue to be paid for until such time as a patient then in receipt of such an item no longer requires it. Only a minority of affected patients are still supplied with items formally de-listed in the 1994 sectoral review.

Seconal Sodium Capsules 50 mg. & 100 mg. , Sodium Amytal Pulvules 60 mg. , Tuinal Capsules 100 mg.

With effect from 1st February 1998 the above barbiturate medicinal products were deleted from the list of Reimbursable Drugs, Medicines and Appliances in the G.M.S. Scheme. Limited supply of these products in exceptional circumstances may be made via Ms. Gwynne Morley, United Drug Ltd., Dublin. Because of the nature of the products involved the Department of Health and Children has directed that they continue to be reimbursed for existing patients on a compassionate use basis.

Oral Dosage Forms of Drugs used in the Treatment of Erectile Dysfunction

The Department of Health and Children has approved the admission of certain oral dosage forms of drugs used in the treatment of erectile dysfunction to the list of items

that are currently reimbursable 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 PCRS will not reimburse quantities in excess of this level.

4.2 Prescriptions

Prescribing and Dispensing Requirements

With regard to these prescriptions, the Misuse of Drugs Regulations, 1988 and 1993 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.

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 Doctor 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 Doctor in ink. Forms initialled only, or those on which a facsimile signature appears, or a signature otherwise reproduced, cannot be accepted.

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 General Practitioners 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).

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.

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 hours 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.

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

Hospital Prescription forms

- Hospital prescriptions should be written by their non proprietary name e.g. approved chemical name
- The name of prescriber must be shown in block capitals
- The prescription must contain the current medical card number of named person and their Doctors GMS registered number
- GMS reimbursable items only may be claimed for under this arrangement

Repeat prescriptions – GMS Scheme

Repeat prescription sets are intended for use by participating Doctors 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 Doctor wishes to have a prescription for a GMS patient repeated once the patient 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 issued are legible.

Each 'Repeat Prescription Set' must have a Patient's Name, Address and Current Medical Card Number entered thereon. Each original form must be signed by the Prescriber 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.

Dispensing Doctors Stock Order Forms

Medicines, drugs and appliances can only be supplied to a dispensing Doctor on receipt of a stock order form fully completed by him that has received error approval from the Local HSE Office. Dispensing Doctors are advised to order supplies of medicine containers from their HSE Office. There is no facility to obtain such items through community pharmacies.

The dispensing Doctor must provide the following on the stock order form:

- The name and address of the pharmacy must be entered in the space provided
- The Doctor's name and address and his computer number either in writing or using a rubber stamp
- His/her signature, written in ink
- The date on which s/he wrote the stock order
- List the stock item(s) required, and clearly indicated in columns 1 and 2 of the form the size pack size, strength and quantity of the item(s) required.

The dispensing Doctor must again sign and date the stock order form showing that s/he has received the stock item(s) as ordered.

Order Forms for Non-Insulin Syringes, Needles and Dressings

The foregoing provisions apply except that there is no necessity for the Doctor to seek
approval from the HSE. All Doctors 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.

Compliance with Statutory Requirements

A Controlled Drug may not be dispensed unless the appropriate statutory requirements are met. The PCRS reserves the right to bring to the attention of the appropriate authorities serious breaches of statutory requirements that come to its notice.

Special Type Consultations and/or Special Services

Special Items of Service

Ref:

A*	Excisions -cryotherapy -diathermy of skin lesions -warts, verucca, solar keratosis, cysts papillomata, ingrown toenails, abscesses.
B*	Suturing of cuts and lacerations
C*	Draining of hydroceles
D*	Treatment and plugging of dental and nasal haemorrhages
E*	Recognised vein treatment
F*	E.C.G. tests and their interpretation
G*	Instruction in the fitting of a diaphragm
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 Catheterisation
M	Attendance at case conferences (in cases where such case conference are convened by a DCC/MOH)
N	Advice and fitting of a diaphragm
P	Counselling and fitting of IUCD
R*	Pneumococcal Vaccination
S*	Influenza Vaccination
T*	Pneumococcal/Influenza Vaccination
U*	Hepatitis B Vaccination

Note: This full list applies to the Capitation Agreement only. Items of service marked with an asterisk constitute the range to which the Fee Per Item Agreement is limited.

Fee for Special Services

- Participating Doctors who intend to provide any of these services must indicate to their Local HSE Office which services they will be providing and the date from which they plan to provide the services.

- The appliances necessary for the provision of these services will not be funded or supplied by Local HSE Offices as the fee structure is all-inclusive.

- Fees for special services will be payable to former D.M.O's on salary.

- The fee payable in the case of recognised vein treatment will only be paid where sclerotherapy treatment is involved and will not be payable where dressings only are provided.

- The fee payable in respect of E.C.G. tests and their interpretation above will include the recording as well.

- The Department of Health and Children Circular describes the procedures for EEA residents and it also details new procedures for claiming for U.K. Residents as follows:

Procedure for claiming fees in respect of emergency services to short-term stay patients from within the EEA

Applicants for emergency health services from EU countries-other than the United Kingdom - can prove entitlement to G.M.S. services under EU Regulations by presenting a Form E111 duly completed and certified in the country of origin or a valid European Health Insurance Card. G.M.S. Doctors claiming for such patients

should copy the essential information from this form on to the Special Type Consultation form i.e. the patient's name and address in his/her country of origin and, in the space for the patient's registered number, the name and address of the competent institution appearing on Form E111 or the European Health Insurance Card.

In the case of a temporary visitor from the United Kingdom, claims for services should also be entered on the Special Type Consultation form. The Doctor should enter the patient's name and address and in the space for the patient's registered number, the patient's Insurance Number if available. In future, Doctors need not submit Form Reg. 1408/71 with claims in the case of U.K. visitors.

Your attention is drawn to the following points:

(i) Out of Hours consultation and Special Service claims require third party verification

(ii) An S.T.C. Claim Certificate Form should be completed for each batch of S.T.C. claims.

(iii) All S.T.C. Special Service/Out of Hours claims are to be submitted to P.O. Box 2828, Primary Care Reimbursement Service, Exit 5, M50, North Road, Finglas, Dublin 11.

Items indicated for each category must be clearly entered in the appropriate spaces on the claim form and the Patient/Patient representative is required to sign the form in some cases. Doctors are reminded that such claims arising in Month 1 must be submitted so as to reach the Primary Care Reimbursement Service not later than the 7th day of Month 2 for payment on the 15th day of Month 2. Claims received after the 7th of any month will not be processed for payment until the following month. As claims are processed in monthly cycles, Doctors are requested to refrain from submitting claims for the following month with their current months bundle.

The fee payable in respect of each special type consultation is made up of a number of elements; therefore it is essential that all of the consultation details appear on the claim.

Recent changes

You have been informed by your Local HSE Office of the arrangements in place for claiming for Special Service Codes R, S, T and U.

Special Type Consultation Claim forms have been redesigned to provide spaces wherein Doctors will record data relating to the vaccine used when vaccinating against Pneumococcal, Influenza and Hepatitis B - you will already be familiar with this form and how it must be completed to qualify for payment - a major change is the panel entitled ***'FOR SS CODES R.S.T.U'*** - the completion of this panel is a pre-requisite for payment.

Supplies of these forms are available from your local HSE office.

Prescriptions for Special Type Consultations.

In a case where a prescription is necessary, the normal white form should be used and where a patient number is not available Doctors should write "Special Type Consultation" or "ST." or "EEA" as appropriate in the space provided for the patient number.

Some Doctors have not been completing Special Type prescription forms correctly. In the circumstances in which a patient number is not available "Special Type Consultation" should be written in the patient number area of the form. The letters "STC" will also be accepted. In the case of prescription forms issued to residents of other EEA countries such forms should have " EEA" inserted in the patient number area.

Standardisation of input data is necessary for the automated processing of Doctors and Pharmacists claims. Special Type Prescription Forms issued that are not clearly

shown to relate to Special Type Consultations by the insertion of "Special Type Consultation" in the patient number area will be returned to the Pharmacist to secure completion by the Doctor.

Personalised Prescription forms

The system for the supply of Personalised Prescription forms works very well. There can be, however, some difficulty in obtaining further supplies due in the main to re-order card not being returned to the PCRS in the time to allow the normal procedures to operate. The arrangement is that, where possible, two weeks notice will be given by a Doctor when re-ordering prescription pads. Emergency arrangements can be put into effect in a case where a Doctor finds himself/herself with no supplies, but it is expected that this would only happen on very rare occasions.

To ensure continuous supply of pads the re-order card, which is provided with each box of prescription pads, should be signed and dated and returned to the PCRS in the pre-paid envelope supplied in time to allow up to two weeks for the issue of a further supply.

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

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

Practice Support Payments

The payment of a subsidy towards the cost of employing a practice nurse and/or a practice secretary is provided for in Department of Health and Children Circular 5/89.

Where the qualifying conditions are met Doctors who wish to be paid subsidy towards the cost of practice staff should, in the first instance, complete Form PSN/1.

The 4-part set should be submitted in your local HSE office. A copy contract of employment should be attached and in the case of practice nurse a current certificate of registration with An Bord Altranais and evidence of relevant insurance should also be attached.

Supplies of Form PSN/1 are available from your local HSE office.

Deductions from payments

In addition to the deduction being made in respect of the IMO Superannuation Scheme the PCRS also makes deductions from payments to GP's in respect of a number of private schemes including the IMO Permanent Health Insurance Scheme, Medical Indemnity Insurance, the IMO membership subscription and the IMO Group Life Scheme.

Whilst the PCRS is pleased to be able to facilitate these arrangements, please be aware that this service is provided without charge and on the basis that the deductions notified to the PCRS have been specifically authorised in writing by the individual Doctors.

The PCRS has no responsibility whatsoever for ensuring that payment of any premium payable in respect of these, or any other, schemes is actually made to the relevant body. It is each individual's personal responsibility to be satisfied that any premium or payment required in respect of such schemes is deducted and paid over to the relevant insurance company or organisation.