

2024

Primary Care Reimbursement Service
Statistical Analysis of Claims
and Payments 2024



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Primary Care Reimbursement Service

STATISTICAL ANALYSIS OF CLAIMS AND PAYMENTS
2024

Contents Summary of Statistical Analysis

Page			
3	Introduction		
SCHEMES OVERVIEW			
6	Schemes – Claim Reimbursement and Payment Arrangements		
9	Summary Statement of Activity – 2024		
10	Total Payments and Reimbursements – 2024		
11	Number of Agreements with Contractor Groups		
12	Number of Agreements with Contractor Groups 2015 - 2024		
13	Total Payments to Contractor Groups by CHO in each Health Region 2024		
CARDHOLDER SECTION			
16	Number of Eligible Persons per Scheme - 2024		
17	Number of Eligible Persons per Scheme 2015 -2024		
18	GMS: Summary of Statistical Information for 2020 - 2024		
19	LTI / DP Schemes: Summary of Statistical Information for 2020 - 2024		
GENERAL PRACTITIONER SECTION			
22	Scales of Fees and Allowances to Participant GPs as at 31st December 2024		
28	Payments to General Practitioners 2024		
29	Payments to General Practitioners 2015 - 2024		
30	Number of Claims by General Practitioners		
31	Number of Claims by General Practitioners 2015 - 2024		
32	GMS: Payments to General Practitioners		
PHARMACY SECTION			
34	Scale of Fees Payable to Participating Pharmacists as at 31st December 2024		
36	Payments to Pharmacists: Claims Reimbursed 2024		
37	Payments to Pharmacists: Claims Reimbursed 2015 - 2024		
38	Average GMS Cost per Pharmacy Item 2015 - 2024		
39	Number of Items Claimed by Pharmacists		
40	Number of Items Claimed by Pharmacists 2015 - 2024		
41	HSE - Medicines Management Programme (MMP) - Preferred Drugs		
42	HSE - Medicines Management Programme: BVB / BGTS		
43	GMS: Major Therapeutic Classification of Drugs, Medicines and Appliances		
44	DPS: Major Therapeutic Classification of Drugs, Medicines and Appliances		
45	LTI: Major Therapeutic Classification of Drugs, Medicines and Appliances		
46	LTI: Spend by Illness 2024		
47	High Tech: Major Therapeutic Classification of Drugs and Medicines		
48	High Tech Trends 2015 - 2024		
DENTAL SECTION			
50	Scale of Fees Payable under the Dental Treatment Services Scheme as at 31st December 2024		
51	Payments to Dentists: Claims Reimbursed 2024		
52	Payments to Dentists: Claims Reimbursed 2015 - 2024		
53	Number of Dental Treatments Claimed 2024		
54	Number of Dental Treatments Claimed 2015 - 2024		
OPTICAL SECTION			
56	Scale of Fees Payable under the Health Service Executive Community Ophthalmic Services Scheme		
58	Payments to Optometrists / Ophthalmologists: Claims Reimbursed 2024		
59	Payments to Optometrists / Ophthalmologists: Claims Reimbursed 2015 - 2024		
60	Number of Treatments by Optometrists / Ophthalmologists		
61	Number of Treatments by Optometrists / Ophthalmologists 2015 - 2024		
63	Appendix		

Réamhrá

Cuid de Sheirbhísí agus Scéimeanna Náisiúnta FSS is ea an tSeirbhís Aisiocaíochta Cúraim Phríomhúil (SACP), agus í freagrach as Dochtúirí Teaghlaigh, Fiaclóirí, Cógaiseoirí, Optaiméadraithe/Oftailmeolaithe agus conraitheoirí eile a aisíoc as seirbhísí saor in aisce nó seirbhísí ar chostas laghdaithe a chur ar fáil don phobal faoi raon scéimeanna cúraim phríomhúil.

In Anailís Staitistiúil 2024 ar Éilimh agus Íocaíochtaí, bristear síos na híocaíochtaí a rinneadh faoi na scéimeanna cúraim phríomhúil, lena n-áirítear an Scéim Seirbhísí Míochaine Ghinearálta (SMG), an Scéim Íocaíochta Drugaí (SÍD), an Scéim Tinnis Fhadtéarmaigh (STF), an Scéim Seirbhísí Cóireála Fiaclóireachta (SSCF) agus an Scéim Pobail Seirbhísí Oftalmacha (SPSO). Áirítear sa tuarascáil sonraí faoi líon na ndaoine incháilithe atá ag baint leas as na scéimeanna sin. Tugtar sonraí freisin faoi líon na n-earraí cógaisíochta a dáileadh agus líon na gcóireálacha fiaclóireachta agus na scrúduithe optúla a rinneadh in 2024.

San áireamh sa tuarascáil tá na híocaíochtaí a rinneadh le soláthraithe agus le monaróirí drugaí ardteicneolaíochta, mar aon le sonraí faoi íocaíochtaí a rinneadh le hospidéal i ndáil leis an gClár Náisiúnta um Rialú Ailse, an Clár Náisiúnta Cóireála Heipitíteas C agus Seirbhísí Scléaróise Iolraí.

Bhí soláthar seirbhísí sláinte do dhaoine atá ag teitheadh ón gcoimhlint san Úcráin fós ina fhachtóir a chuir le líon na gCártaí Leighis nua a eisíodh in 2024. Ina theannta sin, leathnaíodh na critéir incháilitheachta le haghaidh an Chárta Leighis in 2024 le hiad siúd a tháinig slán as Árais Máithreacha agus Naíonán a chur san áireamh.

Leis an bhfaisnéis mhíosiúil íocaíochta is déanaí a fháil, téigh chuig an láithreán gréasáin www.hsepcrs.ie agus féach ar na tuairiscí is déanaí faoi “PCRS Publications”.

Ba mhaith liom an deis seo a thapú le haitheantas a thabhairt do dhíograis fhoireann na Seirbhíse agus don obair chrua a chuireann siad isteach agus iad ag freagairt do riachtanais ár gcuid custaiméirí go léir i rith na bliana.

Thar ceann Sheirbhís Aisiocaíochta Cúraim Phríomhúil FSS, ba mhaith liom buíochas a ghabháil le gach úsáideoir seirbhíse agus le gach ionadaí d’úsáideoirí seirbhíse a rinne teagmháil i gcaitheamh na bliana. Is mór againn bhur n-aiseolas agus cabhraíonn sé linn a aithint ar bhonn leanúnach céard iad na feabhsuithe atá ag teastáil ar na seirbhísí a chuirimid ar fáil. Ba mhaith liom buíochas a ghabháil freisin leis na conraitheoirí agus lena gcuid ionadaithe as ucht leanúint orthu ag obair as lámha a chéile linn in 2024.

Shaun Flanagan
Stiúrthóir Náisiúnta Cúnta
Seirbhís Aisiocaíochta Cúraim Phríomhúil

Introduction

The Primary Care Reimbursement Service (PCRS) is part of HSE National Services and Schemes and is responsible for reimbursing GPs, Dentists, Pharmacists, Optometrists/Ophthalmologists and other contractors who provide free or reduced-cost services to the public across a range of primary care schemes.

The 2024 Statistical Analysis of Claims and Payments report gives a breakdown of the payments made under the primary care schemes, including the General Medical Services Scheme (GMS), Drugs Payment Scheme (DPS), Long Term Illness Scheme (LTI), Dental Treatment Services Scheme (DTSS) and Community Ophthalmic Services Scheme (COSS). It includes details on the number of eligible persons availing of these schemes. There are also details on the number of pharmacy items dispensed and the number of dental treatments and optical examinations that took place in 2024.

Included in the report are the payments to suppliers and manufacturers of High Tech drugs and details of hospital payments in relation to the National Cancer Control Programme, the National Hepatitis C Treatment Programme and Multiple Sclerosis Services.

The provision of health services for people fleeing the conflict in Ukraine continued to be a factor contributing to the number of new Medical Cards issued in 2024. Also in 2024, Medical Card eligibility was extended to survivors of Mother & Baby homes.

To obtain up to date monthly payment information visit the website www.hsepcrs.ie and check out the latest reports under “PCRS Publications”.

I want to take this opportunity to acknowledge the dedication and hard work of PCRS staff in responding to the needs of all our customers throughout the year.

On behalf of the HSE PCRS, I want to thank all service users and service user representatives who contacted us during the year. Your feedback is valued and assists us in identifying necessary enhancements to our services on an ongoing basis. I would also like to thank our contractors and their representatives for their continued cooperation during 2024.

Shaun Flanagan
Assistant National Director
Primary Care Reimbursement Service



SCHEMES OVERVIEW

Schemes – Claim Reimbursement and Payment Arrangements

During 2024, the HSE Primary Care Reimbursement Service (PCRS) reimbursed claims and made payments totalling €4,399.90m in respect of primary care schemes.

Claim data is processed and payments are made by the Primary Care Reimbursement Service under the following Schemes/Payment Arrangements:

General Medical Services (GMS) Scheme

Persons who are unable without undue hardship to arrange general practitioner medical and surgical services for themselves and their dependants are eligible for the GMS Scheme. Drugs, medicines and appliances approved under the Scheme are provided through Community Pharmacies. In most cases the GP gives a completed prescription form to an eligible person who takes it to any Pharmacy that has an agreement with the Health Service Executive to dispense drugs, medicines and appliances on presentation of GMS prescription forms. In rural areas a small number of GPs hold contracts to dispense drugs and medications to eligible persons who opt to have their medicines dispensed by him/her directly.

Medical Card (MC)

Once eligibility for a Medical Card is confirmed, patients are entitled to receive certain Doctor, Dentist, Clinical Dental Technician, Optometrist and Ophthalmologist treatments/services free of charge and prescribed medicines from Pharmacists.

Since the 1st October 2010, an eligible person who is supplied a drug, medicine or medical or surgical appliance on the prescription of a Registered Medical Practitioner, Registered Dentist or Registered Nurse Prescriber is charged a prescription charge by the Community Pharmacy. Since the 1st November 2020, the prescription charge is €1.50 for each item that is dispensed, up to a maximum of €15 per month

per person or family. For people aged 70 or over, the prescription charge is €1.00 per item, up to a maximum of €10 per month per person or family. The prescription charge is recouped by the HSE from the Community Pharmacy.

Since March 2022, people coming from Ukraine were entitled to apply for a medical card under the Temporary Protection Directive. After 12 months, these cards are subject to review in accordance with the criteria for eligibility that applies to other cards holders.

General Practitioner Visit Card (GPVC)

Persons who do not meet the eligibility criteria for a Medical Card but who meet the criteria for a GP Visit Card receive free access to GP services only. From 1st July 2015, all children under 6 years of age were granted automatic entitlement of free GP services and this was extended to all children under 8 years of age from 11th August 2023. From 5th August 2015, all persons aged 70 and over were granted automatic entitlement to free GP services. A change in the GPVC means assessment threshold to extend eligibility to those on or below the median income came into effect towards the end 2023.

Medical cards for children with Domiciliary Care Allowance (DCA) eligibility

The Health (Amendment) Act 2017 provides for the granting of full medical card eligibility to children in respect of whom a Domiciliary Care Allowance (DCA) is payable. The Minister for Health announced that, with effect from 1st June 2017, such children aged under 16 years who do not already have full eligibility will be eligible to receive a medical card.

Medical cards for children with cancer

From 1st July 2015, following a recommendation of the Clinical Advisory Group, the HSE extended medical card eligibility to all children under the age of 18 years with a

diagnosis of cancer. A medical card is issued in respect of the child for a period of five years from date of diagnosis.

GP Visit Card for persons in receipt of Carer's Allowance or Carer's Benefit

The Health (General Practitioner Service) Act 2018 provides for the granting of eligibility for GP services without charge to all those in receipt of full, or half-rate, Carer's Allowance or Carer's Benefit. From 1st September 2018, all persons in receipt of Carer's Allowance or Carer's Benefit were eligible to obtain GP services free of charge.

Dental Treatment Services Scheme (DTSS)

Under the Dental Treatment Services Scheme adult medical card holders have access to a range of treatments and clinical procedures comprised of Routine Treatments and Full Upper and Lower Dentures. Routine Treatments are available for all eligible persons. Dentists may also prescribe a range of medicines, as part of their treatment, to eligible persons.

HSE Community Ophthalmic Services Scheme (HSE-COSS)

Under the Health Service Executive Community Ophthalmic Services Scheme, adult medical card holders and their dependants are entitled, free of charge, to eye examinations and necessary spectacles/appliances. Claims by Optometrists/Ophthalmologists are paid by the Primary Care Reimbursement Service. Claims for spectacles provided under the Children's Scheme are also paid by the Primary Care Reimbursement Service.

Drugs Payment Scheme (DPS)

The Drugs Payment Scheme (DPS) provides for payment to the Pharmacist for the supply of medicines to individuals and families where the threshold has been exceeded in a calendar month (€80 from 1st March 2022). In order to avail of the Drugs Payment Scheme a person or family must register for the Scheme with the

Schemes – Claim Reimbursement and Payment Arrangements continued

HSE PCRS. Drugs, medicines and appliances currently reimbursable under the Scheme are listed on the HSE website.

Long Term Illness Scheme (LTI)

On approval by the Health Service Executive, 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 Card holders can have both LTI and GMS eligibility.

European Economic Area (EEA) entitlements

Residents from one of the other 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 receive from a General Practitioner a GMS prescription form for necessary medication and to have such medication dispensed in a Pharmacy that has entered into an agreement with the Health Service Executive within the State. A person provides evidence of eligibility under these arrangements by producing a current European Health Insurance Card (EHIC).

High Tech Arrangements (HT)

Arrangements are in place for the supply and dispensing of High Tech medicines through Community Pharmacies. Such medicines are generally only prescribed or initiated in hospital and would include items such as anti-rejection drugs for transplant patients or medicines used in conjunction with chemotherapy or hormonal therapy. The medicines are purchased by the Health Service Executive and supplied through Community Pharmacies for which Pharmacists are paid a patient care fee. The cost of the medicines and patient care fees are paid by the Primary Care Reimbursement Service.

High Tech Hub Ordering and Management System

In December 2017 PCRS introduced a new High Tech medicines ordering and management hub. This is an online system which enables Hospital Consultants and prescribers to register patients for High Tech medicines and to prepare prescriptions for those patients. Pharmacists can view and order High Tech medicines from suppliers and manufacturers through the High Tech hub. In turn, suppliers can accept and arrange for the delivery of ordered medicines to Community Pharmacists.

Mother and Infant Care Scheme

From the 1st July 2019, an online service was made available to General Practitioners who opt for online submission to process all new Maternity & Infant registrations and subsequent visits.

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 conditions as Diphtheria, Polio, Measles, Mumps, Rubella and Meningococcal C Meningitis. Payments to GPs under this Scheme are made by the Primary Care Reimbursement Service.

Health (Amendment) Act 1996

Under the Health (Amendment) Act 1996 certain health services are made available without charge to persons who contracted Hepatitis C directly or indirectly from the use of Human Immunoglobulin - Anti D, or who received within the State 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 HAA and GMS eligibility. GP services, pharmaceutical services, dental services and optometric/ophthalmic services provided under the Act are paid for by the Primary Care

Reimbursement Service.

Opioid Substitution Treatment Scheme

Methadone and Medicinal Products containing Buprenorphine are prescribed by Doctors and dispensed by Pharmacists for approved clients under the Opioid Substitution Treatment Scheme. Capitation fees payable to participating GPs and Community Pharmacists and claims by Pharmacists for the ingredient cost of the Methadone and Medicinal Products containing Buprenorphine and the associated dispensing fees are processed and paid by the Primary Care Reimbursement Service.

Immunisations for GMS and HAA Eligible Persons

Immunisations that are provided free of charge include Pneumococcal, Influenza, Hepatitis B, combined Pneumococcal /Influenza and Covid-19 vaccinations.

Discretionary Hardship Arrangements

Medical Card patients, for whom medicines not on the list of reimbursable items have been prescribed, may make an application to their HSE local office for approval to have such items supported for reimbursement and dispensed by a Community Pharmacist. Payments processed by the HSE local offices are issued by the Primary Care Reimbursement Service to Community Pharmacy Contractors.

Centralised reimbursement of selected high cost drugs administered or dispensed to patients in hospitals

The National Cancer Control Programme (NCCP) established the National Cancer Drug Management Programme to develop and improve the care provided to patients receiving treatment with oncology drugs. A national management system for cancer drugs was set up within the PCRS to facilitate centralised reimbursement and data capture of selected high-cost

Schemes – Claim Reimbursement and Payment Arrangements continued

oncology drugs. This allows national oversight of the expenditure on high-cost oncology drugs in line with approved indications, improved service planning and budgetary projections and a national approach to provision of oncology drugs.

The HSE also reimburses Hepatitis C drugs dispensed to patients in designated adult hepatology units. Since 2019 in an extension to pilot community sites, certain hospital administered drugs for Multiple Sclerosis (MS) are also reimbursed under the national management drug system in PCRS.

Centralised reimbursement of Outpatient Parenteral Antimicrobial Therapy (OPAT)

The HSE reimburses Outpatient Parenteral Antimicrobial Therapy (OPAT) drugs, medicines and appliances administered by healthcare professionals or self-administered by patients in the community.

Redress for Women Resident in Certain Institutions

Under the Redress for Women Resident in Certain Institutions Act 2015, it was provided that the Health Service Executive (HSE) would make available specified services to women eligible for the Restorative Justice Scheme, administered by the Department of Justice. Services include General Practitioner services, drugs, medicines and medical and surgical appliances, dental, ophthalmic and aural services, home nursing services, home support services, chiropody services, physiotherapy services, and a counselling service. Card holders are not required to pay any prescription fees.

Mother and Baby Institutions Payment Scheme

Similar to the Redress for Women, the entitlement to an enhanced Medical Card is not means tested for the mothers and children eligible for benefits under The Mother and Baby Institutions Payment Scheme Act 2023 having spent time in one of the institutions covered

by the scheme, and any payment received by them is disregarded in the assessment of means for a Medical Card for other household members. The scheme opened for Medical Card applications on 20th March 2024.

Cycle of Care for Asthmatic Patients

The Asthma Cycle of Care allows GPs to maintain a register of children under 8 years of age with a diagnosis of asthma and provide services to them in accordance with the agreed Cycle of Care. An information return is submitted by the GP via an online browser when the patient is 2 years old and again at 8 years of age.

Chronic Disease Management Programme (CDM)

The Structured Chronic Disease Management (CDM) Programme was launched in January 2020, following the introduction of the GP Agreement 2019. The GP arranges two scheduled reviews in a 12 month period to support GMS patients manage their chronic condition(s). HAA Cardholders are also eligible. The programme covers all eligible adults 18 years and over who have a diagnosis of 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/Transient Ischemic Attack (TIA)) and Atrial Fibrillation.

An Opportunistic Case Finding (OCF) Programme and High Risk Preventative Programme (PP) commenced in January 2022 for people 65 years and over. Patients diagnosed with a chronic disease covered by the CDM programme are registered onto it while those found to be at high risk of cardiovascular disease and/or Type 2 Diabetes are registered on the PP. In 2023 both OCF and PP were extended to include those aged 45 years and

over and from the fourth quarter of 2023 the Prevention Programme was extended to include the addition of GMS patients over 18 years with Hypertension and patients over 18 years (Cardholders and non-Cardholders) diagnosed since 1st January 2023 with Gestational Diabetes and Pre-Eclampsia.

Termination of Pregnancy Service

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

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.

Covid – 19

A number of General Practice oriented measures were commenced in 2020 to address the Covid-19 pandemic. The rollout of Covid-19 vaccinations through GPs and Pharmacies began in 2021.

Free Contraception Service

From September 2022 the free contraception scheme was made available from GPs, primary care centres and pharmacists who signed up to provide services under the scheme. All consultations with a medical practitioner required to access prescription contraception, the fitting and removal of Long-Acting Reversible Contraception (LARC) and the provision of prescription contraception by pharmacists were made available to 17–25 year-olds. Extension of the free contraception scheme to 26 year-olds commenced on 1st January 2023 and from 1st September 2023 it was extended to women aged 27-30 inclusive. The scheme was expanded further to include 31 year-olds from 1st January 2024 and to include women aged 32-35 from 1st July 2024.

Summary Statement of Activity - 2024

- Payments and reimbursements during 2024 were approximately €4,399.90m.
- Claim data is processed and reimbursements are made by the HSE PCRS under the following Schemes:
 - General Medical Services (GMS)
 - Drugs Payment Scheme (DPS)
 - Long Term Illness (LTI)
 - Dental Treatment Services Scheme (DTSS)
 - European Economic Area (EEA)
 - High Tech Arrangements (HT)
 - Primary Childhood Immunisation
 - Health (Amendment) Act 1996
 - Opioid Substitution Treatment Scheme
 - Health Service Executive Community Ophthalmic Services Scheme (HSE-COSS).
- Payments to Pharmacists totalled €1,757.06m:
 - GMS: Prescriptions €1,085.08m, Stock Order Forms €6.22m
 - DPS €190.37m
 - LTI €370.50m
 - EEA €0.39m
- The Health (Amendment) Act 1996, Opioid Substitution Treatment Scheme, DTSS prescriptions, Medical Cannabis Access Programme, Pharmacy Training Grants €16.12m
- Contraception Scheme €19.21m
- Influenza Vaccination Scheme €13.13m
- Covid-19 Vaccination Scheme €5.93m
- Patient Care Fees of €50.11m were paid to pharmacists under High Tech Arrangements.
- Total cost of Pharmacy fees €476.72m.
- Total cost of phased fees €58.73m.
- Prescription charges of €67.57m.
- Over 105m prescription items were paid for by the PCRS – an increase of over 6.45m items on 2023.
- Payments to GPs of fees and allowances totalled €949.23m.
- Payments to GPs for investment in General Practice Development totalled €0.04m.
- Payments to Manufacturers/Wholesalers of High Tech drugs and medicines totalled €1,238.73m.
- Payments to Dentists under the DTSS totalled €69.37m.
- Payments to Optometrists/Ophthalmologists under the HSE-COSS totalled €26.33m.
- Payments under centralised reimbursement of certain approved high cost Oncology, Hepatitis C, Multiple Sclerosis, Gainshare Initiative, Outpatient Parenteral Antimicrobial Therapy (OPAT) drugs, medicines and appliances totalled €297.40m.
- Administration costs were €61.74m.

Notes: The figures detailed above have been rounded for reporting purposes.

Total Payments and Reimbursements – 2024

Total Payments & Reimbursements	2024	2023
	€ 4,399.90m	€4,073.27m
GP Fees	€712.95m	€667.21m
GP Allowances	€236.28m	€206.27m
Investment in General Practice Development	€0.04m	€0.36m
Pharmacist Drugs and Medicines	€1,230.23m	€1,159.25m
Pharmacist Fees and Stock Order Mark-Up	€476.72m	€452.31m
Pharmacist High Tech Patient Care Fees	€50.11m	€45.87m
Manufacturers / Wholesalers High Tech Drugs and Medicines	€1,238.73m	€1,146.60m
Dentists	€69.37m	€64.82m
Optometrists / Ophthalmologists	€26.33m	€26.63m
Hospital - Oncology Drugs and Medicines	€231.77m	€187.13m
Hospital - Hepatitis C Drugs and Medicines	€15.81m	€17.96m
Hospital - Multiple Sclerosis Medicines (MS)	€36.82m	€35.70m
Hospital - Gainshare Initiative	€0.53m	€-0.47m
Outpatient Parenteral Antimicrobial Therapy (OPAT) - Drugs, Medicines and Appliances	€12.47m	€12.81m
Administration	€61.74m	€50.82m

Note: The figures have been rounded for reporting purposes.

Number of Agreements with Contractor Groups 2024

General Practitioners 3,154	Pharmacists 1,912	Dentists 931	Optometrists 609
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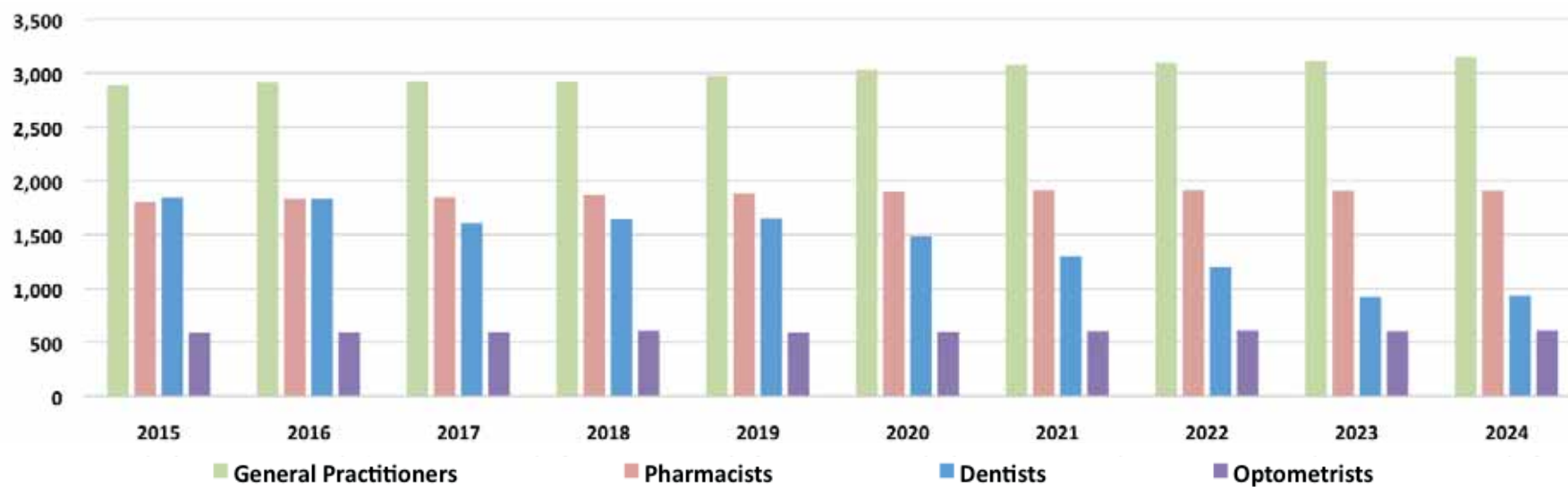
Number of Agreements as at 31st December 2024

Health Service Executive	General Practitioners	Pharmacists	Dentists	Optometrists
Dublin and North East	648	408	174	129
Dublin and Midlands	634	367	171	104
Dublin and South East	636	382	124	119
South West	483	281	224	81
Mid West	257	163	89	50
West and North West	496	311	149	126
National	3,154	1,912	931	609

Notes: Included in the table above are:

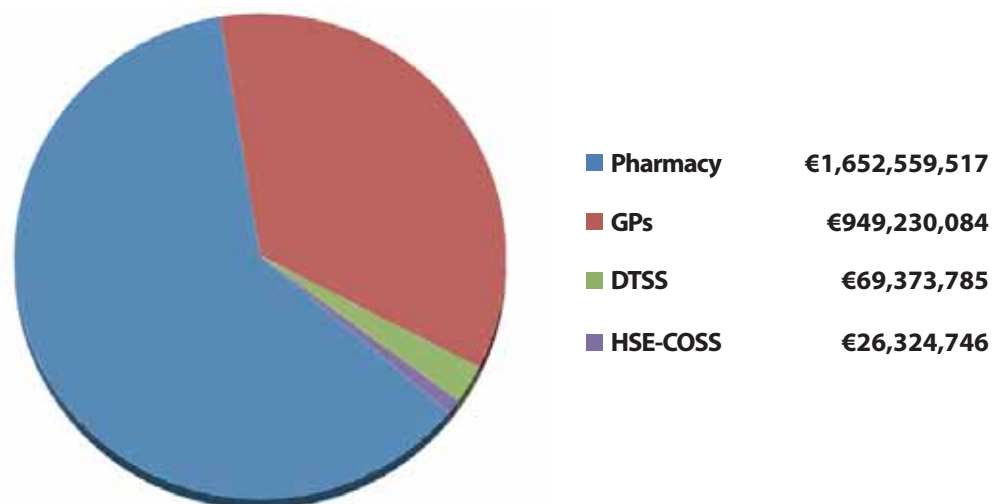
- (i) 615 GPs, not contracted to the GMS Scheme, who are registered to provide services under the Primary Childhood Immunisation Scheme, the Health (Amendment) Act 1996, Heartwatch, Opioid Substitution Treatment Scheme and National Cancer Screening Service.
- (ii) 11 Pharmacists who are registered to provide services under non GMS Schemes.
- (iii) 118 Dentists, employed by the HSE, who provide services under the Dental Treatment Services Scheme.
- (iv) 24 Clinical Dental Technicians.

Number of Agreements with Contractor Groups 2015 - 2024



Year	General Practitioners	Pharmacists	Dentists	Optometrists
2015	2,889	1,801	1,847	587
2016	2,914	1,830	1,831	593
2017	2,928	1,849	1,604	595
2018	2,921	1,870	1,644	608
2019	2,974	1,884	1,654	590
2020	3,033	1,900	1,486	598
2021	3,074	1,915	1,302	604
2022	3,097	1,915	1,201	609
2023	3,110	1,911	923	604
2024	3,154	1,912	931	609

Total Payments to Contractor Groups in each Health Region 2024



Health Service Executive	**Pharmacy	*GPs	***DTSS	HSE-COSS
Dublin and North East	€336,935,946	€194,605,861	€15,117,841	€4,687,506
Dublin and Midlands	€333,685,596	€173,716,671	€13,350,463	€5,314,449
Dublin and South East	€321,675,685	€192,160,489	€11,983,727	€5,297,160
South West	€248,723,588	€145,029,955	€10,577,057	€3,647,826
Mid West	€140,567,918	€81,849,088	€6,890,518	€2,110,192
West and North West	€270,970,784	€161,868,020	€11,454,179	€5,267,613
National	€1,652,559,517	€949,230,084	€69,373,785	€26,324,746
Corresponding figures for 2023	€1,560,999,317	€873,478,625	€64,824,607	€26,629,391

Notes: (i) *GP figures include GMS and non GMS GPs.

(ii) **Pharmacy figures include GMS, Stock Orders, DPS, LTI and EEA claims. Excluded are payments for additional claims reimbursed to Pharmacists totalling €54,390,780.

(iii) ***Since 2017 dental figures include HAA claims.



CARDHOLDER SECTION

Number of Eligible Persons per Scheme - 2024

*GMS 1,561,730	*GPVC 720,247	DPS 1,968,292	LTI 358,226
<p>Persons who are unable without undue hardship to arrange General Practitioner medical and surgical services plus Dental and Ophthalmic services for themselves and their dependents are provided with such services under the GMS Scheme. Since 1st October 2010, a person who is supplied by a Community Pharmacy Contractor with a drug, medicine or surgical appliance on the prescription of a Registered Medical Practitioner, Registered Dentist or Registered Nurse Prescriber is charged a prescription charge. Since 1st November 2020 the prescription charge is €1.50 per item subject to a limit of €15.00 per family per month and €1.00 per item subject to a limit €10.00 per month for over 70s and their dependents. This charge is recouped from payments made to Pharmacists. An eligible person is entitled to select a GP of his/her choice, and have drugs, medicines and appliances provided through Community Pharmacies, Dentists and Optometrists/Ophthalmologists who have a contract with the Health Services Executive. GMS prescription forms may be dispensed in any Pharmacy that has an agreement with the Health Service Executive to dispense GMS prescription forms.</p>	<p>In rural areas, where a GP has a centre of practice three miles or more from the nearest Community Pharmacy participating in the Scheme, the GP dispenses for those persons served from the centre who opt to have their medicines dispensed by him/her. The number of eligible GMS persons at year end included 10,231 persons who were entitled and had opted to have their medicines dispensed by their GPs.</p> <p>Under the terms of the Drugs Payment Scheme, persons who do not have a medical card may apply for a Drugs Payment Scheme card on an individual or family unit basis. Prescribed medicines, which are reimbursable under the GMS Scheme, costing in excess of a specified amount per month, €80 per family, is claimed by the Pharmacy and is paid by the Primary Care Reimbursement Service.</p> <p>On approval by the Health Service Executive, 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. The Primary Care Reimbursement Service makes payments on behalf of the Health Service Executive for LTI claims submitted by Pharmacies.</p>		

Figures as at 31st December 2024

Health Service Executive	GMS	Discretionary GMS	GPVC	Discretionary GPVC	**DPS	**LTI
Dublin and North East	335,100	34,654	158,758	7,679	109,975	48,504
Dublin and Midlands	309,750	35,919	138,687	7,615	107,577	46,792
Dublin and South East	279,915	32,670	151,847	6,707	179,755	44,742
South West	224,828	32,810	106,881	6,974	88,715	32,100
Midwest	135,958	17,862	57,470	3,471	48,546	18,679
West and North West	276,179	35,293	106,604	7,592	69,391	32,183
National	1,561,730	189,208	720,247	40,038	603,959	223,000
*** % of Population	29.03%		13.39%		11.23%	4.14%

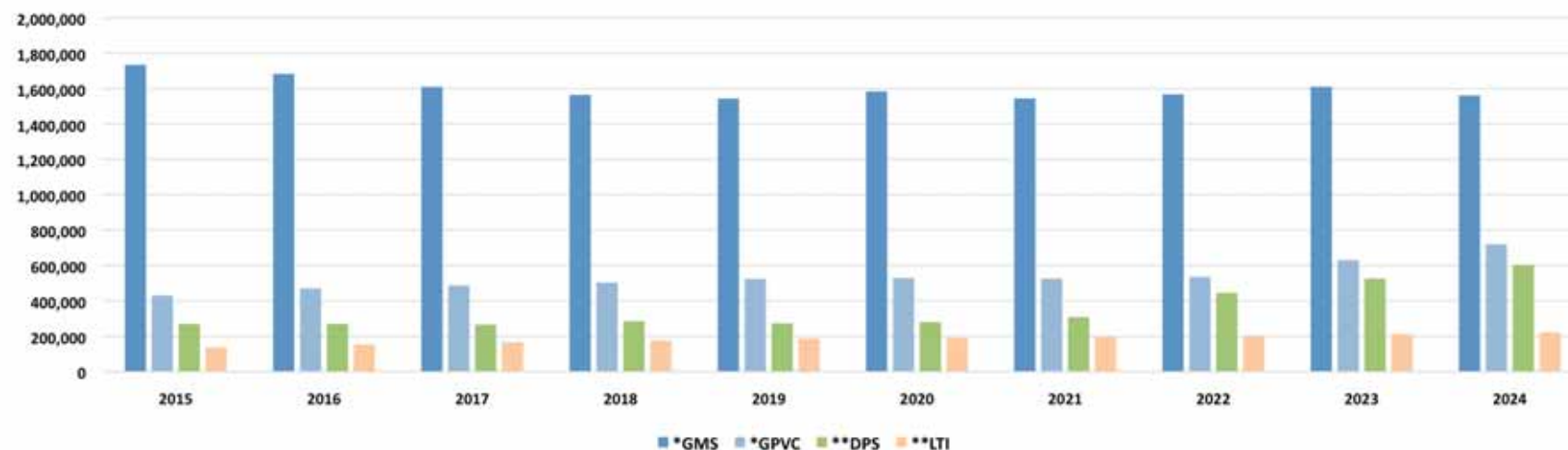
GMS - General Medical Services Scheme. **GPVC** - GP Visit Card Scheme. **DPS** - Drugs Payment Scheme. **LTI** - Long Term Illness Scheme.

*GMS and GPVC figures are inclusive of cards granted on a discretionary basis.

**The DPS and LTI figures shown refer to the number of eligible patients for whom claims were submitted to PCRS by pharmacies.

***National population figures (5,380,300) are based on CSO estimates for April 2024.

Number of Eligible Persons per Scheme 2015 - 2024



Figures as at 31st December

Year	*GMS	Discretionary GMS	*GPVC	Discretionary GPVC	**DPS	**LTI
2015	1,734,853	99,396	431,306	41,266	269,930	138,415
2016	1,683,792	116,362	470,505	45,260	270,525	153,446
2017	1,609,820	131,160	487,510	36,364	265,891	166,818
2018	1,565,049	148,396	503,329	38,099	285,599	177,481
2019	1,544,374	162,888	524,494	39,542	273,594	185,903
2020	1,584,790	169,458	529,842	39,028	280,703	190,829
2021	1,545,222	176,136	525,918	39,277	308,665	195,064
2022	1,568,379	181,947	535,741	39,369	445,725	202,558
2023	1,611,187	184,624	630,475	39,244	526,619	212,973
2024	1,561,730	189,208	720,247	40,038	603,959	223,000

GMS - General Medical Services Scheme. **GPVC** - GP Visit Card Scheme. **DPS** - Drugs Payment Scheme. **LTI** - Long Term Illness Scheme.

*GMS and GPVC figures are inclusive of cards granted on a discretionary basis.

**The DPS and LTI figures shown refer to the number of eligible patients for whom claims were submitted to PCRS by pharmacies.

GMS: Summary of Statistical Information for 2020 - 2024

Year ended December:-	2024	2023	2022	2021	2020	Year ended December:-	2024	2023	2022	2021	2020
(i) Number of Eligible Persons in December	2,281,977	2,241,662	2,104,120	2,071,140	2,114,632	Number of GP Contracts	3,154	3,110	3,097	3,074	3,033
						Number of Pharmacist Contracts	1,912	1,911	1,915	1,915	1,900
General Practitioners	(000's)	(000's)	(000's)	(000's)	(000's)		(000's)	(000's)	(000's)	(000's)	(000's)
Total Payments	€911,708	€833,436	€820,083	€814,277	€757,679	Total Cost of Stock Orders	€ 6,219	€ 6,146	€ 5,955	€ 5,570	€ 5,952
(ii) Avg. Payment to GPs per Eligible Person	€399.53	€371.79	€389.75	€393.15	€358.30	Ingredient Cost	€ 4,640	€ 4,625	€ 4,508	€ 4,207	€ 4,514
						Pharmacy Fees	€ 928	€ 925	€ 902	€ 841	€ 903
Pharmacists	(000's)	(000's)	(000's)	(000's)	(000's)	VAT	€ 651	€ 596	€ 545	€ 522	€ 535
Total Cost of Prescriptions	€ 1,085,079	€ 1,039,091	€ 1,009,653	€ 986,202	€ 969,304	Overall Cost of Drugs and Medicines	€ 1,091,298	€ 1,045,237	€ 1,015,608	€ 991,772	€ 975,256
Ingredient Cost	€ 716,746	€ 684,312	€ 664,440	€ 649,866	€ 639,610	(iii) Avg. Payment to Pharmacists per Eligible Person	€ 778.14	€ 749.40	€ 740.91	€ 750.71	€ 744.20
Dispensing Fee	€ 333,484	€ 321,179	€ 312,738	€ 305,497	€ 300,246	*Overall Payments	€2,003,006	€1,878,673	€1,835,691	€1,806,049	€1,732,935
VAT	€ 34,850	€ 33,600	€ 32,475	€ 30,839	€ 29,448						
Number of Forms	21,761	20,966	19,403	18,389	18,358						
Number of Items	71,226	68,264	65,246	62,674	60,975						
Avg. Cost per Form	€ 49.86	€ 49.56	€ 52.04	€ 53.63	€ 52.80						
Avg. Cost per Item	€ 15.23	€ 15.22	€ 15.47	€ 15.74	€ 15.90						
Avg. Ingredient Cost per Item	€ 10.06	€ 10.02	€ 10.18	€ 10.37	€ 10.49						
Avg. Items per Form	3.27	3.26	3.36	3.41	3.32						

Notes: (i) Number of eligible persons in 2024 includes the number of eligible persons with Medical Cards and GP Visit Cards.
(ii) Average payment to GPs is inclusive of GP Visit Card costs and exclusive of superannuation paid to retired DMOs.
(iii) Average pharmacy payment per person is calculated on the number of persons who availed of services during 2024. The number of persons who availed of services in 2024 was 1,402,440.
(iv) *Overall payments are based on the number of persons who availed of services during 2024 and include payments made under Discretionary Hardship Arrangements.

LTI / DP Schemes: Summary of Statistical Information for 2020 - 2024

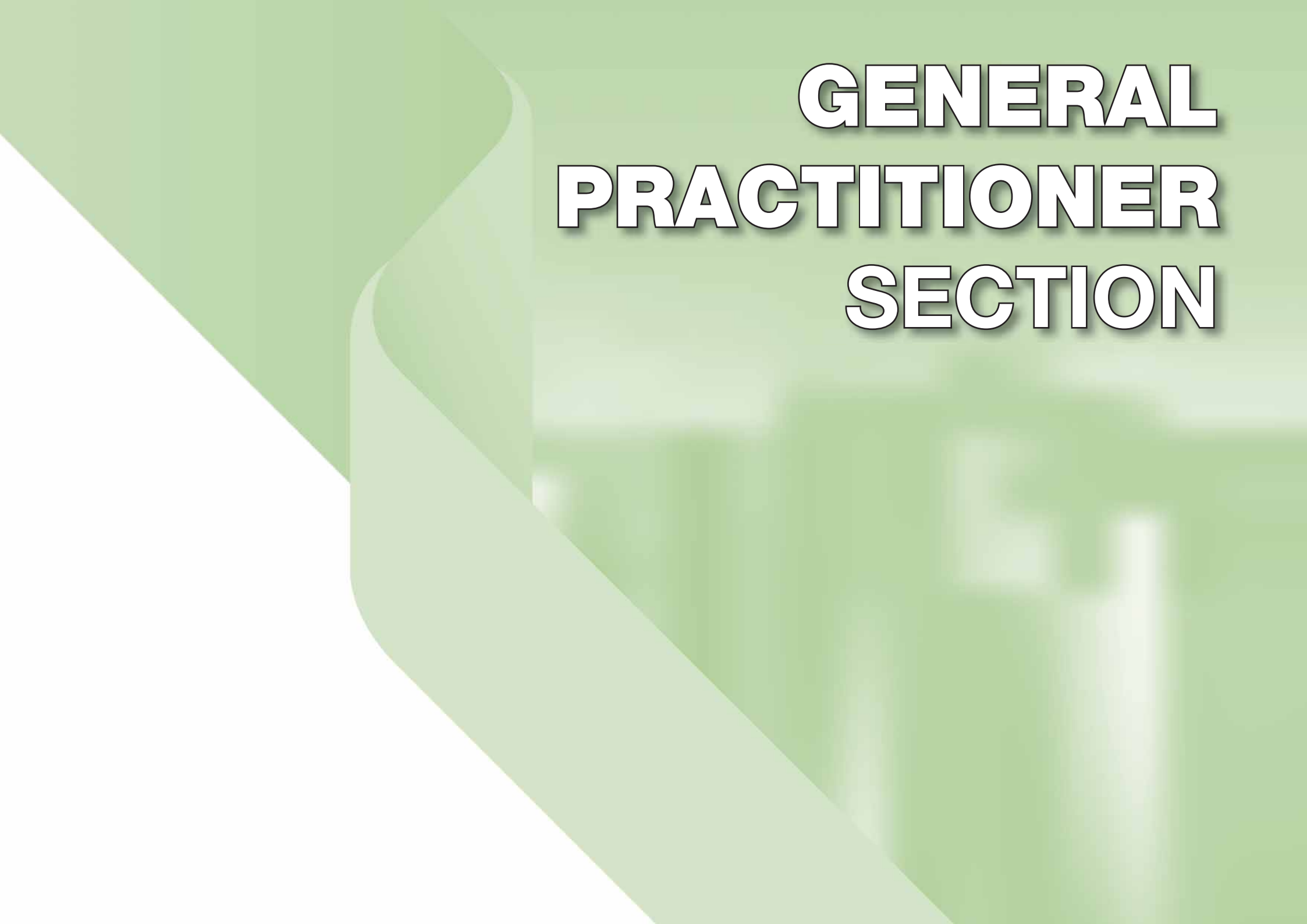
Year ended December:-	2024	2023	2022	2021	2020	Year ended December:-	2024	2023	2022	2021	2020
LTI Scheme						DP Scheme					
						Number of Eligible Persons in December	1,968,292	1,813,437	1,654,375	1,504,614	1,429,554
*Number of Claimants	223,000	212,973	202,558	195,064	190,829	*Number of Claimants	603,959	526,619	445,725	308,665	280,703
						**Number of Families	385,113	347,313	306,672	219,052	195,278
	(000's)	(000's)	(000's)	(000's)	(000's)		(000's)	(000's)	(000's)	(000's)	(000's)
Number of Items	11,693	11,026	10,479	10,170	9,953	Number of Items	18,760	16,156	13,571	9,585	8,555
Total Cost	€370,499	€347,396	€312,646	€292,106	€283,086	Gross Cost	€345,383	€303,759	€260,620	€198,603	€177,647
Avg. Cost per Item	€31.69	€31.51	€29.83	€28.72	€28.44	***Net Cost	€190,374	€167,926	€143,502	€96,139	€82,666
*Avg. Cost per Claimant	€1,661.43	€1,631.17	€1,543.49	€1,497.49	€1,483.45	Avg. Gross Cost per Item	€18.41	€18.80	€19.20	€20.72	€20.77
						*Avg. Net Cost per Claimant	€315.21	€318.88	€321.95	€311.47	€294.50

Notes: (i) *These figures are based on the number of eligible persons who availed of services under each Scheme.

(ii) **These figures are based on the number of families who availed of services during 2024.

(iii) ***The Net Cost is inclusive of claims below the monthly co-payment of €80 payable to the Pharmacy by an individual or family.





GENERAL PRACTITIONER SECTION

Scales of Fees and Allowances to Participant GPs as at 31st December 2024

Capitation Payments

Ages	Male €	Female €
6 - 7	100.00	100.00
8 - 12	100.00	100.00
13 - 15	70.71	71.52
16 - 44	90.26	147.60
45 - 64	180.29	198.10
65 - 69	189.92	211.87
Capitation rate for children aged under 5 years where the GP does not hold an under 6 contract.	74.59	72.76
Capitation rate for children aged 5 years where the GP does not hold an under 6 contract.	43.29	43.79
Capitation rate for children aged under 6 years issued with a GP Visit Card.	125.00	125.00
Capitation rate for children aged between 6 and 7 years issued with a GP Visit Card.	100.00	100.00
Capitation rate for patients aged 70 years or more residing in the community.	403.31	403.31
Capitation rate for patients 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	644.63
The above rates are exclusive of Supplementary Out-of-Hours Fee.	3.64	3.64

Notes: (i) The rates for children under 6 (effective 1st July 2015) and 6 to 12 years (effective Aug 2023) includes the Supplementary Out-of-Hours fee.
(ii) Capitation rates as per the 2023 GP agreement.

Out-of-Hours Payment	
Surgery (6 p.m. - 8 a.m.)	€41.63
Surgery (8 - 9 a.m. and 5 - 6 p.m.)	€13.88
Domiciliary	€41.63
Additional Fee (Surgery or Domiciliary)	€13.88

Temporary Residents/EEA Visitors/Emergency	
Surgery	€40.94
Domiciliary	€40.94
Fee for Second Medical Opinion	€26.46

Scales of Fees and Allowances to Participant GPs as at 31st December 2024 continued

Special Items of Service		
A	Excisions / Cryotherapy / Diathermy of Skin Lesions (Under 8 scheme inclusive)	€24.80
AB	Long Acting Reversible Contraceptive (LARC)	€70.00
AC	Removal Long Acting Reversible Contraceptive (LARC)	€50.00
AD	24 Hour Ambulatory Blood Pressure Monitoring	€60.00
AH	TOP patients first consultation	€150.00
AI	TOP Combined termination procedure, including the administration/dispensing for medicines and aftercare	€300.00
AJ	Provision of aftercare by the contractor, where the patient has received termination of pregnancy service in a hospital and has been discharged to the community setting	€100.00
AL	Therapeutic Phlebotomy for Haemochromatosis	€100.00
AM	Virtual Clinic	€100.00
AN	Involuntary Admissions to Acute Mental Health Facilities	€150.00
AO	Chronic Disease Management (one condition)	€105.00
AP	Chronic Disease Management (two conditions)	€125.00
AQ	Chronic Disease Management (three or more conditions)	€150.00
AR	Modified Chronic Disease Virtual Consultation (one condition)	€55.00
AS	Modified Chronic Disease Virtual Consultation (two conditions)	€65.00
AT	Modified Chronic Disease Virtual Consultation (three or more conditions)	€75.00
*AU	Covid-19 1st Vaccine	€25.00
*AV	Covid-19 2nd Vaccine	€25.00
AY	Covid-19 Vaccine Additional Shot 1	€25.00
AZ	Covid-19 Vaccine Booster Shot 1	€25.00
B	Suturing of cuts and lacerations	€50.00
BB	Prevention Programme	€82.00
BC	Opportunistic Case Finding	€60.00
C	Draining of Hydroceles	€24.80
CA	Respiratory assessment for patients regardless of eligibility (Ceased 9th Dec 2023)	€75.00
CB	Covid-19 telephone consultation for patients regardless of eligibility (Ceased 9th Dec 2022)	€30.00
CE	GP on sick leave due to Covid 19	€40.94
CF	Contraception Consultation for the purpose of accessing relevant products	€55.00
CG	LARC Implant Fitting	€100.00
CH	LARC Coil Fitting	€160.00
CI	LARC Implant Removal	€110.00
CJ	LARC Coil Removal	€50.00
CK	Follow up consultation post LARC fitting	€55.00
CL	Contraception Consultation for the purpose of accessing relevant products as per 2023 Agreement (31 - 44 Years age)	€55.00

Scales of Fees and Allowances to Participant GPs as at 31st December 2024 continued

Special Items of Service continued		
CM	LARC Coil Fitting as per 2023 Agreement (Over 30 Years)	€160.00
CN	LARC Coil Removal as per 2023 Agreement (Over 30 Years)	€50.00
CO	LARC Implant Fitting as per 2023 Agreement (Over 30 Years)	€100.00
CP	Paxlovid assessment of relevant at-risk patients, prescribe and monitor as appropriate	€55.00
CQ	LARC Implant Removal as pre 2023 Agreement (Over 30 Years)	€110.00
D	Treatment and Plugging of Dental and Nasal Haemorrhages (Under 8 scheme inclusive)	€24.80
F	ECG Tests and their Interpretation	€24.80
H	Removal of adherent foreign bodies from the conjunctival surface of the eye (Under 8 Years old scheme inclusive)	€24.80
J	Removal of lodged or impacted foreign bodies from the ear, nose and throat	€24.80
K	Nebuliser treatment in the case of acute asthma attack	€37.21
L	Bladder Catheterization	€60.00
M	Attendance at case conferences (where authorised by the HSE) (Under 8 scheme inclusive)	€62.02
O	Disease Outbreak Vaccination	€28.50
R	Pneumococcal Vaccination	€28.50
**S	Influenza Vaccination - QIV (Quadrivalent Influenza Vaccine)	€15.00
***S	Influenza Vaccination - LAIV (Nasal Vaccine)	€20.00
T	Pneumococcal / Influenza Vaccinations	€42.75
U	Hepatitis B Vaccination	€142.57
X	Removal of lodged or impacted foreign bodies from the ear, nose and throat and skin (Under 8 scheme)	€24.80
Y	Suturing of cuts and lacerations (including application of tissue glue) (Under 8 scheme)	€37.21
Z	Draining of Abscesses (Under 8 scheme)	€24.80

* GP is eligible for a payment of €10 for a unique patient to whom the vaccine is administered during a pandemic.

** GP is eligible for a payment of €100 for every 10 unique patients to whom the QIV vaccine is administered.

*** GP is eligible for a payment of €150 for every 10 unique patients to whom the LAIV vaccine is administered.

Rural Practice Support Framework	
Rural Practice Allowance Per Annum	€16,216.07
Rural Practice Support Framework Allowance Per Annum, where there is one or no other practice unit in the area	€22,000.00
Rural Practice Support Framework Allowance Per Annum, where there are two practice units in the area however, one or both practice units is not in receipt of Rural Practice Allowance	€11,000.00
Opt-in GP (dispensing doctor)	€48.58
Pilot GP (dispensing doctor)	€56.05
Continuous GP (dispensing doctor)	€12.48

Scales of Fees and Allowances to Participant GPs as at 31st December 2024 continued

Practice Support		
Allowance for increased capacity of GP Practice (Increased hours or new staff effective 2nd July 2023) (Weight panel 500+) per Annum of:		€15,000.00
Allowance for Practice Secretary up to a maximum Per Annum of:		€26,652.00
Allowance for Practice Nurse up to a maximum Per Annum of:		€43,725.75
Allowance for Practice Manager up to a maximum Per Annum of:		€41,643.75
Contributions to Locum Expenses (Subject to the conditions of the Agreement)		
Annual Leave	Up to a maximum of €1,380.65 per week	
Sick Leave		
Study Leave		
Adoptive Leave	Up to a maximum of €2,761.30 per week	
Maternity Leave		
Paternity Leave		
Contributions to Medical Indemnity Insurance		
Calculation of contributions related to GMS panel numbers and net premium		
Asylum Seekers		
A once off superannuable registration fee of €173.69 per patient is payable to GPs in respect of patients on their GMS panel who are seeking asylum in Ireland		
GP Surgery Consultation (Fee-Per-Item Agreement)		
Day	Normal Hours	€11.87
Late	Outside Normal Hours other than night	€16.88
Night	Midnight to 8:00 a.m.	€33.38
Domiciliary Consultation (Fee-Per-Item Agreement)		
Day		€17.51
Late		€22.93
Night		€44.96
Temporary Residents/EEA Visitors/Emergency (Fee-Per-Item Agreement)		
Surgery		€40.94
Domiciliary		€40.94
Rural Practice Allowance (Fee-Per-Item Agreement)		
Per Annum		€7,042.91

Scales of Fees and Allowances to Participant GPs as at 31st December 2024 continued

Locum and Practice Expense Allowance (Fee-Per-Item Agreement)	
Per Annum	€1,371.06
Sessional Rate - Homes for the Aged (Fee-Per-Item Agreement)	
Per 3 Hour Session	€73.18
Immunisation Fees	
Registration of child with a GP	€37.78
6 in one Vaccine	€206.31
95% uptake bonus	€60.63
Health (Amendment) Act 1996	
Surgery Fee	€30.53
Domiciliary Fee	€40.27
Opioid Substitution Treatment Scheme	
Level 1 Contractor	€159.97
Level 2 Contractor	€176.43
Heartwatch Programme	
Heartwatch Programme	€39.31
Type 2 Diabetes - Cycle of Care	
A once off registration fee of €30.00 per registered patient.	
Following registration, GPs receive the monthly element of the agreed annual fee of €100.	
Chronic Disease Management	
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 of €210.	
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 of €250.	
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 of €300.	
Practice Nurse grant per patient registered for Chronic Disease Management or Modified Chronic Disease Management Programme in Agreement of 2019 of €28.75.	
Practice Nurse grant per patient registered for Chronic Disease Prevention Programme in Agreement of 2022 of €14.35.	
Practice Nurse grant per patient assessed under Chronic Disease Opportunistic Case Finding in Agreement of 2022 of €3.20.	

Scales of Fees and Allowances to Participant GPs as at 31st December 2024 continued

Children aged Under 8 - Asthma Cycle of Care

A once off registration fee of €50.00 for children aged under 8 years diagnosed with asthma.
Following registration, GPs receive the monthly element of the agreed fee of €90 in the first year and receive the monthly element of the agreed fee of €45 in subsequent years up to the child's 8th birthday as GP Agreement 2023.

National Cervical Cancer Screening

Payment in respect of a Cervical screening service in Agreement of 2022 of €65.00.

Social Deprivation Grant System for 2022

Grant amounts are payable for qualifying practices of the below amounts and are based on the absolute number of patients living in disadvantaged areas. A practice must first qualify through the ranking system before it is determined which band they will come under and receive the corresponding grant amount. GPs in receipt of rural practice supports are not eligible to apply for the social deprivation grant.

Number of Patients in Disadvantaged Areas:

200 - 400	€7,500.00
401 - 800	€10,000.00
800 +	€12,500.00

Payments to General Practitioners 2024

Fees €712.95m

Payments to General Practitioners are categorised as fees and/or allowances. For the majority of GPs who operate under the 2023 agreement the principal fee is the capitation per person which is weighted for gender and age - capitation fees totalled €464,712,369 in 2024. Fees totalling €497,925 were paid to a minority of GPs who continue to provide services under the Fee-Per-Item of service agreements.

Apart from 'Out-of-Hours' fees and fees for a range of special services, the cost of services provided in normal hours by GPs for GMS persons, including the prescribing of necessary medicines, is encompassed by the capitation fee. All GMS persons can avail of full GP services and in many cases they can benefit from specialist clinics provided by GPs for issues such as Women's Health, Family Planning and Asthma.

Allowances €236.28m

In addition to a capitation fee an 'Out-of-Hours' fee is payable for non routine consultations when a GMS cardholder is seen by their GP, or another GP acting on his/her behalf, from 5 pm in the evening to 9 am the following morning (Monday to Friday) and all hours on Saturdays, Sundays and Bank Holidays. Special fees are payable for a range of additional services such as excisions, suturing, vaccinations, catheterization, family planning, etc.

Annual and study leave together with locum, nursing and other practice support payments, account for most of the €236,276,759 allowances paid to GPs in 2024.

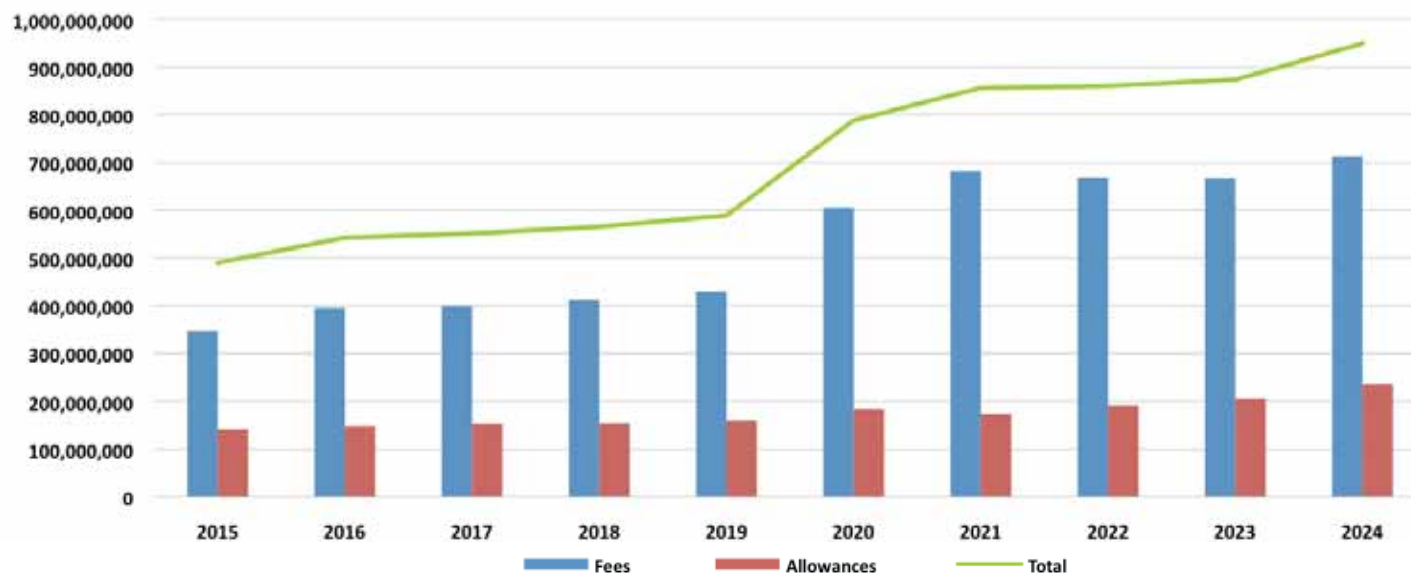
Payments to GPs in each HSE Region

Health Service Executive	2024
Dublin and North East	€194,605,861
Dublin and Midlands	€173,716,671
Dublin and South East	€192,160,489
South West	€145,029,955
Mid West	€81,849,088
West and North West	€161,868,020
National	€949,230,084

Reimbursement of claims made by GPs include:

Primary Childhood Immunisation Scheme	€7,239,909
Opioid Substitution Treatment Scheme	€8,068,136
Maternity and Infant Care Scheme	€9,612,016
National Cancer Screening Services	€12,384,304
Heartwatch	€101,421
Health (Amendment) Act 1996	€115,887

Payments to General Practitioners 2015 - 2024

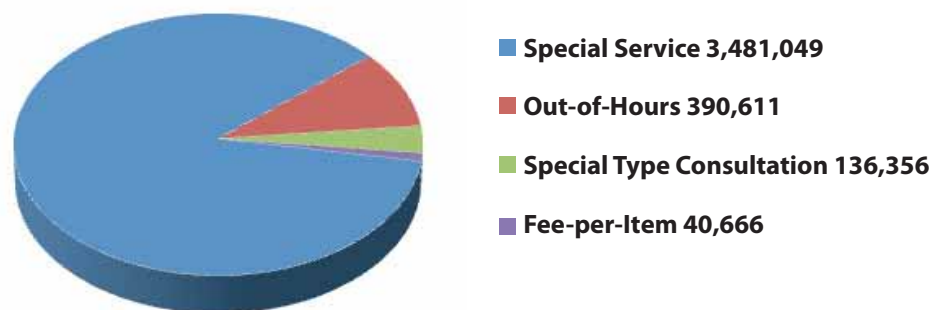


Payments to General Practitioners 2015 - 2024

Year	Fees	Allowances	Total
2015	€348,035,815	€141,659,008	€489,694,823
2016	€394,797,667	€148,334,217	€543,131,884
2017	€398,912,575	€152,662,775	€551,575,350
2018	€411,754,432	€153,656,565	€565,410,997
2019	€429,137,227	€160,093,276	€589,230,503
2020	€605,224,515	€183,027,185	€788,251,700
2021	€682,093,836	€174,030,088	€856,123,924
2022	€668,790,921	€191,468,265	€860,259,186
2023	€667,209,931	€206,268,694	€873,478,625
2024	€712,953,325	€236,276,759	€949,230,084

Number of Claims by General Practitioners

National – 2024



Number of Claims by General Practitioners in each Health Region

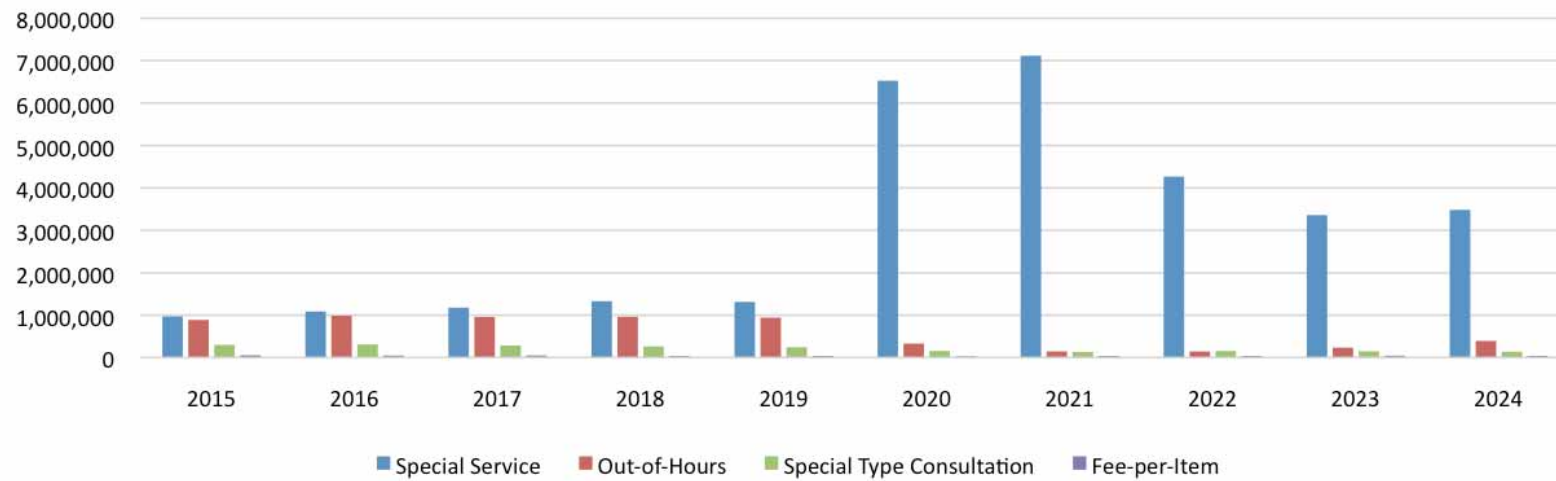
Health Service Executive	Special Service	Out-of-Hours	Special Type Consultation	Fee-per-Item
Dublin and North East	624,513	197,179	45,849	-
Dublin and Midlands	623,940	57,805	30,782	10,732
Dublin and South East	773,198	36,054	10,240	-
South West	557,603	39,584	19,581	29,934
Mid West	302,487	22,850	12,041	-
West and North West	599,308	37,139	17,863	-
National	3,481,049	390,611	136,356	40,666

A majority of GPs are paid an annual capitation fee for each eligible person - the rate of payment is determined by the age/gender of the person. A minority of GPs who have continued to provide services under the Fee-per-Item of Service agreement are paid a fee for each Doctor/Patient contact.

A Special Type Consultation (STC) fee may be claimed when a GP provides a service to a GMS eligible person who is not on their GMS panel. Such GMS eligible persons may require medical services such as an Out-of-Hours, or emergency consultation, or they may be temporarily resident in an area not served by their GP.

General Practitioners can claim fees for special items of service provided to eligible persons under the Capitation Agreement and Fee-per-Item Agreement.

Number of Claims by General Practitioners 2015 - 2024



Year	Special Service	Out-of-Hours	Special Type Consultation	Fee-per-Item
2015	969,709	885,861	299,568	52,634
2016	1,084,881	987,711	307,742	46,100
2017	1,174,931	959,121	285,461	47,476
2018	1,328,715	961,873	261,254	36,343
2019	1,312,012	939,342	242,633	39,473
2020	6,526,186	329,270	155,495	27,958
2021	7,114,636	144,699	130,111	37,562
2022	4,266,234	143,297	152,913	39,025
2023	3,358,063	233,037	145,093	44,213
2024	3,481,049	390,611	136,356	40,666

GMS: Payments to General Practitioners

		2024 €	2023 €
FEES	- Capitation	464,712,369	432,007,667
	- Special Claims/Services	172,221,191	154,319,857
	- Out-of-Hours	13,493,754	8,197,759
	- Dispensing	451,590	514,353
	- Item of Service Contract	497,925	564,688
	- Asylum Seekers	2,021,578	1,877,241
	- Vaccinations	19,991,211	20,128,018
	- Asthma Registration	286,400	182,000
	- Asthma Capitation	843,495	481,055
	- Contribution for GP Height Measure and Self Zeroing Scale	4,176	4,548
	- Diabetes Capitation	2,550	4,036,568
	- Diabetes Registration	-960,539	3,900
	- Ukrainian Patient Registration	1,865,952	4,275,032
ALLOWANCES	- Secretarial/Nursing	131,677,150	107,018,316
	- Leave (Annual, Maternity/Paternity, Study, Sick)	20,131,362	20,014,712
	- Rostering/Out-of-Hours	6,025,948	6,210,060
	- Medical Indemnity Insurance	7,263,785	7,671,224
	- Rural Practice	4,910,478	4,793,863
	- Locum and Practice Expenses	2,742	2,742
	- Social Deprivation Grant	3,075,000	3,105,000
	- CDM Nursing Support Grant	8,063,599	5,821,839
	- Winter Plan Support Grant	0	1,028,050
SALARIES	- Benefits to retired DMOs and their dependants	1,060,259	1,133,664
	- Former District Medical Officers	699,393	759,976
SUPERANNUATION FUND	- Contribution	54,427,302	50,417,761
TOTAL		€912,768,670	€834,569,893

PHARMACY SECTION

Scale of Fees Payable to Participating Pharmacists as at 31st December 2024

GMS Scheme	€
*Fee-Per-Item	
- for each of the first 1,667 items dispensed by the Community Pharmacy Contractor in a month	5.00
- for each of the next 833 items dispensed by the Community Pharmacy Contractor in that month	4.50
- for each other item dispensed by the Community Pharmacy Contractor in that month	3.50
Extemporaneous Fee	6.53
Extemporaneous dispensing and compounding of	
- Powders	19.60
- Ointments and Creams	13.07
Non-Dispensing Fee - exercise of professional judgement	3.27
Phased Dispensing Fee - each part of phased dispensing	3.27
*A Fee-Per-Item is also payable on prescription forms issued by Dentists under the DTS Scheme.	
Supplies to Dispensing Doctors	
Pharmacists supplying Dispensing Doctors are reimbursed on the basis of the reimbursement price plus the relevant mark-up.	
DPS/LTI/EEA Schemes and Health (Amendment) Act 1996	
*The Fee-Per-Item structure shown for the GMS Scheme above, also applies to the DPS/LTI/EEA Schemes and Health (Amendment) Act 1996.	
Reimbursement under these four schemes includes ingredient cost plus the Fee-Per-Item.	
In the case of the Drugs Payment Scheme the PCRS makes payments to Pharmacists in respect of authorised patients whose monthly costs of prescribed drugs and medicines are in excess of the specified monthly amount (€80 from 1st March 2022) payable to the Pharmacist by an individual or family.	
High Tech Arrangements	
Patient Care Fee: €62.03 per month.	
Non Dispensing Patient Care Fee: €31.02	
- Fee payable for a maximum of 3 consecutive months where there has been no dispensing of High Tech medicines.	
Opioid Substitution Treatment Scheme	
Patient Care Fee: Up to a Maximum of €62.00 per month.	
Pharmacy Vaccinations	
Influenza Vaccination - QIV (Quadrivalent Influenza Vaccine)	15.00
Influenza Vaccination - LAIV (Nasal Vaccine)	20.00
Covid-19 Vaccination	25.00 per dose
Pharmacist is eligible for a once off payment for every patient to whom the vaccine is administered	10.00 per patient
Pharmacist is eligible for a payment of €100 for every 10 unique patients to whom the QIV vaccine is administered.	
Pharmacist is eligible for a payment of €150 for every 10 unique patients to whom the LAIV vaccine is administered.	

Scale of Fees Payable to Participating Pharmacists as at 31st December 2024 continued

Contraception Scheme	€
Contraception - Long-acting and Emergency Hormonal Contraceptive supply on a single occasion	6.50
Contraception - of supply on a single occasion, dispensing 1 month	6.50
Contraception - of supply on a single occasion, dispensing 2 month	10.00
Contraception - of supply on a single occasion, dispensing 3 month	13.50
Contraception - of supply on a single occasion, dispensing 4 month	17.00
Contraception - of supply on a single occasion, dispensing 5 month	21.50
Contraception - of supply on a single occasion, dispensing 6 month	24.00
Emergency contraceptive without a prescription - Additional fee for dispensing	11.50
Contraception once off administrative fee on the first dispensing	5.00

Payments to Pharmacists: Claims Reimbursed 2024

GMS €1,091.30m	DPS €190.37m	LTI €370.50m	EEA €0.39m
<p>A GMS cardholder who is provided with a properly completed GMS prescription form by his or her GP can choose to have their prescription forms dispensed in any of the Pharmacies who have entered into agreements with the Health Service Executive for the provision of services under Section 59 of the Health Act, 1970.</p> <p>In 2024 there were 21.76m GMS prescription forms containing over 71.23m prescription items which were dispensed at a cost of €1,085,079,391. (This figure excludes the cost of GMS stock orders of €6,218,968 in 2024). This equates to an average cost of €15.30 per dispensed item. During 2024, 90% of all GMS cardholders availed of prescription items at an average cost of €778.14 per person.</p>		<p>Under General Medical Services (GMS) Scheme, Drug Payment Scheme (DPS), Long Term Illness (LTI), Dental Treatment Services Scheme (DTSS) and European Economic Area (EEA) Schemes, Pharmacists are reimbursed the ingredient cost of items dispensed, dispensing fees and VAT where applicable.</p> <p>There were 135,358 persons who availed of High Tech Arrangements and patient care fees of €50.11m were paid to Pharmacists under these arrangements.</p>	

Payments to Pharmacists: Claims Reimbursed in each Health Region

Health Service Executive	*GMS	DPS	LTI	EEA	Total
Dublin and North East	€217,270,925	€39,280,733	€80,344,220	€40,068	€336,935,946
Dublin and Midlands	€217,091,183	€37,880,366	€78,682,757	€31,290	€333,685,596
Dublin and South East	€201,134,693	€46,057,647	€74,438,883	€44,462	€321,675,685
South West	€166,842,222	€28,448,790	€53,366,016	€66,560	€248,723,588
Mid West	€95,335,873	€14,774,868	€30,402,053	€55,124	€140,567,918
West and North West	€193,623,463	€23,931,513	€53,265,256	€150,552	€270,970,784
National	€1,091,298,359	€190,373,917	€370,499,185	€388,056	€1,652,559,517

***GMS** - This figure includes Stock Order costs.

- Also included in the above GMS figure is an amount of €0.51m which was paid for items dispensed under Redress for Women Resident in Certain Institutions, and €14.53m which was paid in respect of Non GMS Reimbursable Items dispensed under Discretionary Hardship Arrangements.

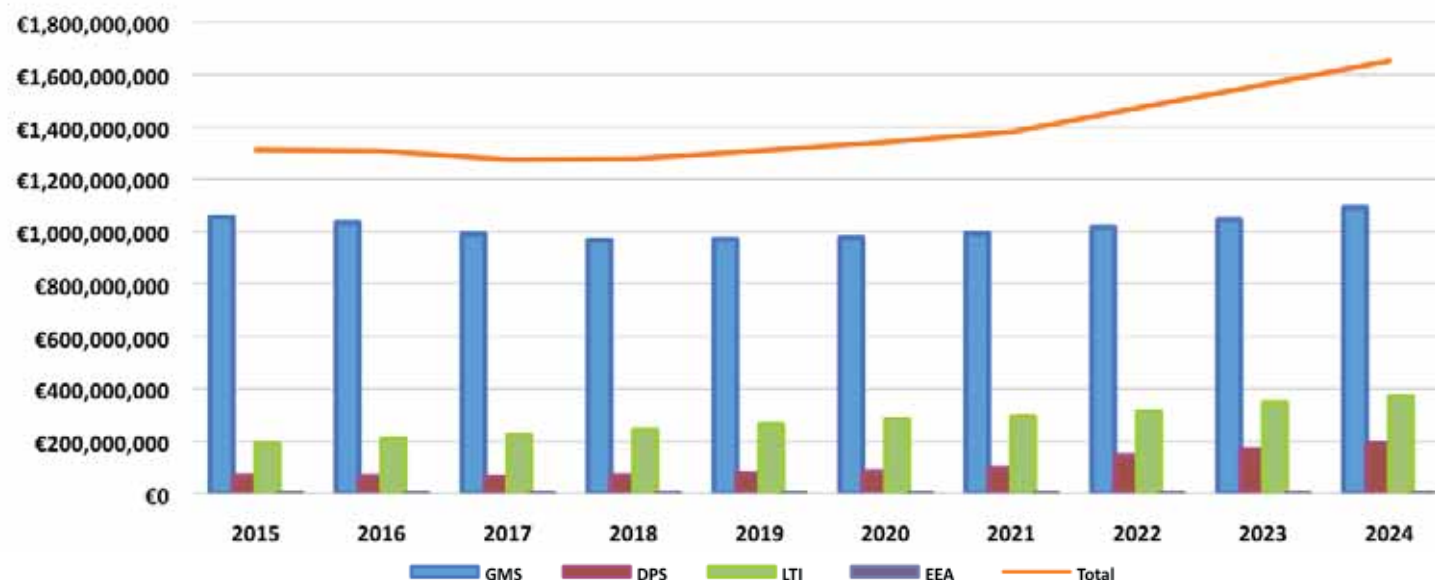
Additional payment of claims reimbursed to Pharmacists include:

High Tech Arrangements - Patient Care Fees	€50,109,547
Opioid Substitution Treatment Scheme	€13,040,144
Covid-19 Vaccinations Scheme	€5,932,000
Influenza Vaccination Scheme	€13,128,866
Contraception Scheme	€19,205,609
Health (Amendment) Act 1996	€1,606,197
Dental Treatment Services Scheme	€698,148
Pharmacy Training Grant	€486,499
Medical Cannabis Access Programme	€293,317

Payments to Wholesalers and Manufacturers for High Tech Drugs and Medicines supplied to Pharmacists:

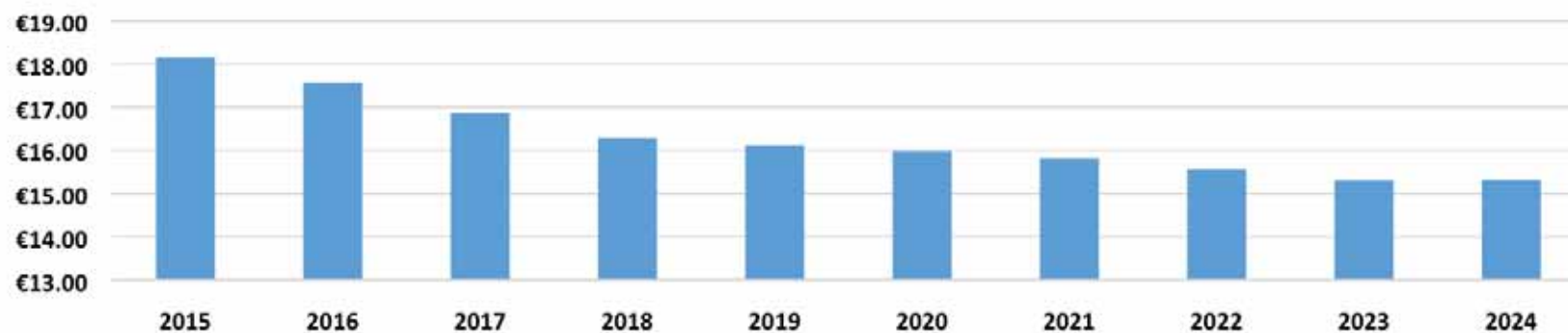
High Tech Arrangements - Drugs and Medicines	€1,238,732,813
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Payments to Pharmacists: Claims Reimbursed 2015 - 2024



Year	GMS	DPS	LTI	EEA	Total
2015	€1,054,304,114	€67,108,587	€189,483,531	€1,136,724	€1,312,032,956
2016	€1,033,290,114	€65,299,554	€207,444,771	€998,483	€1,307,032,922
2017	€989,833,465	€62,094,671	€221,903,709	€884,229	€1,274,716,074
2018	€966,349,869	€67,362,845	€242,694,497	€816,945	€1,277,224,156
2019	€969,787,344	€75,471,256	€262,624,672	€708,341	€1,308,591,613
2020	€975,255,894	€82,666,086	€283,086,179	€599,158	€1,341,607,317
2021	€991,772,194	€96,139,505	€292,106,251	€402,029	€1,380,419,979
2022	€1,015,607,700	€143,502,112	€312,645,717	€378,314	€1,472,133,843
2023	€1,045,236,911	€167,926,174	€347,395,997	€440,235	€1,560,999,317
2024	€1,091,298,359	€190,373,917	€370,499,185	€388,056	€1,652,559,517

Average GMS Cost per Pharmacy Item 2015 - 2024

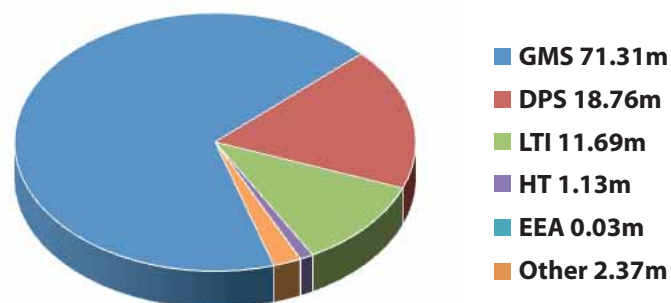


Year	*Total Number of Items	Total Payments	Average Cost per Item
2015	58,093,584	€1,054,304,114	€18.15
2016	58,797,149	€1,033,290,114	€17.57
2017	58,713,753	€989,833,465	€16.86
2018	59,326,912	€966,349,869	€16.29
2019	60,176,425	€969,787,344	€16.12
2020	61,062,484	€975,255,894	€15.97
2021	62,754,498	€991,772,194	€15.80
2022	65,327,676	€1,015,607,700	€15.55
2023	68,347,247	€1,045,236,911	€15.29
2024	71,305,221	€1,091,298,359	€15.30

* Total number of Items includes Stock Order Items.

Number of Items Claimed by Pharmacists

National – Number of Items Claimed 2024



GMS prescription forms processed for payment in the year totalled 21.76m - the total of prescribed items was more than 71.23m - these accounted for approximately 68% of all items paid for by the Primary Care Reimbursement Service in 2024.

Approximately 45.48% of GMS forms contained a single item - 15.95% contained 2 items - the average number per form was approximately 3.27 items (2023 - 3.26).

Number of Items claimed in each Health Region

Health Service Executive	*GMS	DPS	LTI	EEA	HT	Other	Total
Dublin and North East	14,104,554	3,843,320	2,579,216	3,079	232,277	573,162	21,335,608
Dublin and Midlands	14,412,878	3,872,261	2,473,052	2,404	230,223	546,690	21,537,508
Dublin and South East	13,306,494	4,191,208	2,339,435	3,618	227,003	479,907	20,547,665
South West	10,795,705	2,938,635	1,623,865	5,159	187,478	322,995	15,873,837
Mid West	6,344,639	1,575,125	1,015,565	4,097	88,811	172,754	9,200,991
West and North West	12,340,951	2,339,102	1,661,818	11,097	168,690	273,278	16,794,936
National	71,305,221	18,759,651	11,692,951	29,454	1,134,482	2,368,786	105,290,545

*GMS includes: claim items and Stock Order items.

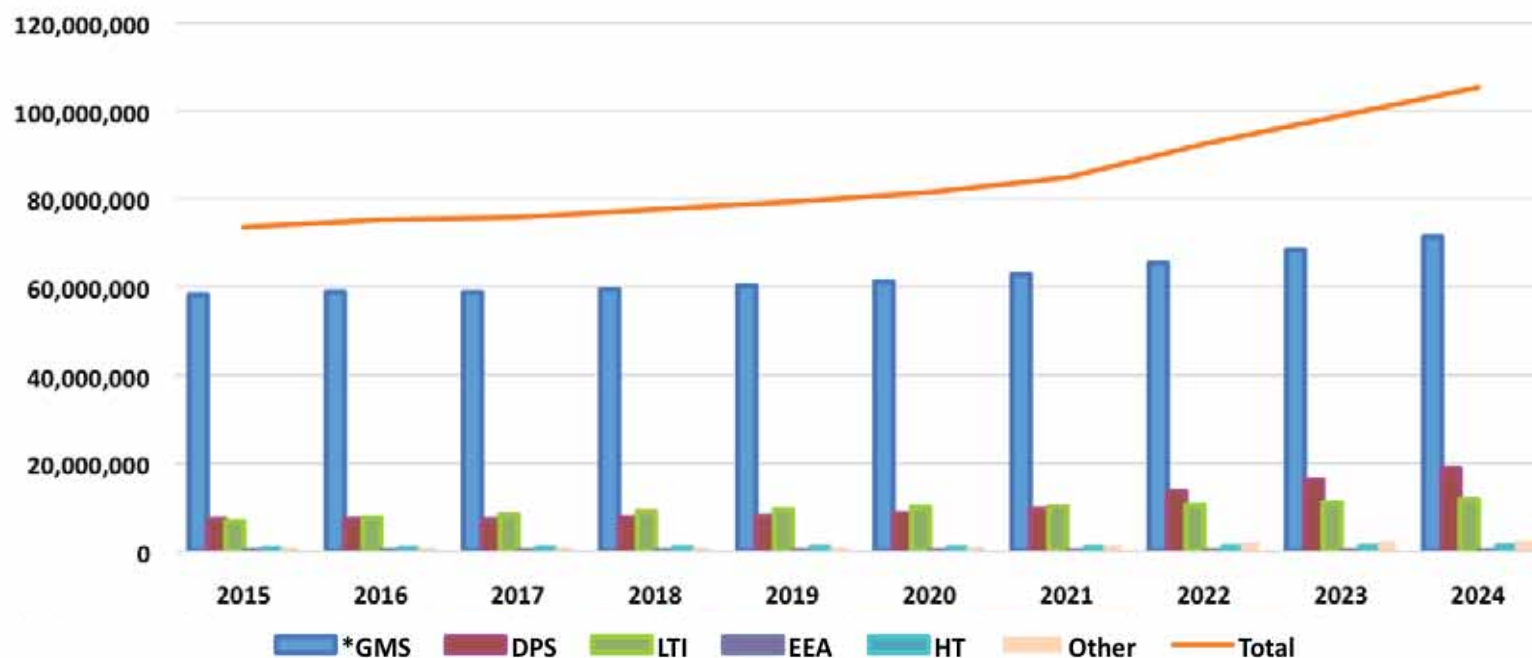
Other:	Claims:
Contraception Scheme	1,015,168
Opioid Substitution Treatment Scheme	351,647
Influenza Vaccinations Scheme	373,298

Other:	Claims:
Covid-19 Vaccination Scheme	235,938
Discretionary Hardship Arrangements	183,407
Dental Treatment Services Scheme	107,223
Health (Amendment) Act 1996	102,105

GMS: General Medical Services. **DPS:** Drugs Payment Scheme. **LTI:** Long Term Illness Scheme. **EEA:** European Economic Area. **HT:** High Tech Arrangements.

Other: Opioid Substitution Treatment Scheme, Health (Amendment) Act 1996, Dental Treatment Services Scheme, Vaccinations for GMS eligible persons (through Community Pharmacy), Discretionary Hardship Arrangements and Contraception Scheme.

Number of Items Claimed by Pharmacists 2015 - 2024



*GMS includes: claim items and Stock Order items.

HSE – Medicines Management Programme (MMP)



The HSE-Medicines Management Programme (MMP) aims to promote safe, effective and cost-effective prescribing in Ireland.

The MMP is a multidisciplinary unit led by Prof. Michael Barry, Clinical Lead, and aims to provide sustained national leadership relating to the quality of the medicines management process, access to medicines and overall expenditure on medicines. The Preferred Drugs Initiative is an ongoing project supporting prescribers in choosing the most efficient drug option in various therapeutic areas. The MMP also manages an increasing number of medicines and ancillary products through Health Technology Management (HTM) to ensure cost-effective prescribing and utilisation; this includes the use of both reimbursement application systems and managed access protocols.

Therapeutic Area	MMP Preferred Drug
Angiotensin-Converting Enzyme (ACE) Inhibitor	Ramipril
Angiotensin-II Receptor Blocker (ARB)	Candesartan
Beta Blocker	Bisoprolol
Calcium Channel Blocker (CCB)	Amlodipine
Oral Anticoagulant	Warfarin or Apixaban
Proton Pump Inhibitor (PPI)	Pantoprazole
Serotonin Noradrenaline Reuptake Inhibitor (SNRI)	Venlafaxine
Selective Serotonin Reuptake Inhibitor (SSRI)	Sertraline
Statin	Atorvastatin
Urology (Urinary incontinence, frequency and overactive bladder)	Tolterodine extended-release

Preferred Drugs Initiative

The Preferred Drugs Initiative aims to promote safe, effective and cost-effective use of the most commonly prescribed medicines in Ireland. The Preferred Drugs Initiative identifies a single preferred drug within a therapeutic class and offers prescribers guidance on selecting, prescribing and monitoring the drug for a particular condition. For each preferred drug an evaluation report with Prescribing Tips and Tools are available on the MMP website (www.hse.ie/mmp). Prescribers are encouraged to make the preferred drug their drug of first choice when prescribing a drug from that therapeutic class.

Health Technology Management (HTM)

Reimbursement application systems are accessed through PCRS online services for: lidocaine (Versatis®) medicated plasters, sacubitril/valsartan (Entresto®) film-coated tablets, standard oral nutritional supplements (List B) and continuous glucose monitoring (CGM) sensors.

Managed Access Protocols (MAPs) are in place for a wide variety of medicines in order to facilitate access for patients. A MAP outlines the criteria that must be satisfied for a patient to be recommended for reimbursement of the medicine. Examples include:

- Community Drug Schemes: liraglutide (Saxenda®), rivaroxaban 2.5 mg.
- High Tech Arrangement: medicines for the prophylaxis of chronic migraine, medicines for moderate-to-severe atopic dermatitis, dupilumab (Dupixent®) for severe asthma, inotersen (Tegsedi®), lanadelumab (Takhzyro®), larotrectinib (Vitrakvi®), obeticholic acid (Ocaliva®), risdiplam (Evrysdi®), tafamidis (Vyndaqel®), teduglutide (Revestive®), delta-9-tetrahydrocannabinol/cannabidiol (Sativex®).
- Hospital pricing approval: eculizumab (Soliris®), nusinersen (Spinraza®), onasemnogene abeparvovec (Zolgensma®), patisiran (Onpattro®), voretigene neparvovec (Luxturna®).

Best-value biological (BVB) / Best-value medicines (BVM)

The MMP has identified BVB/BVMs for the following:

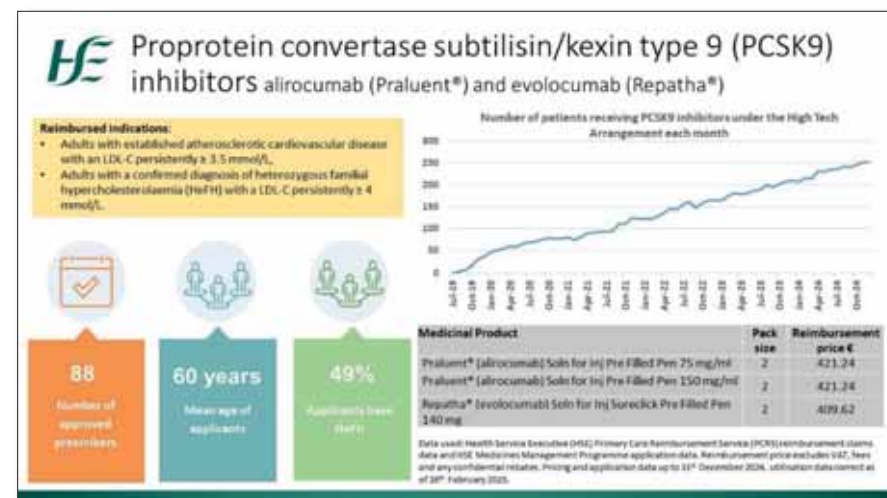
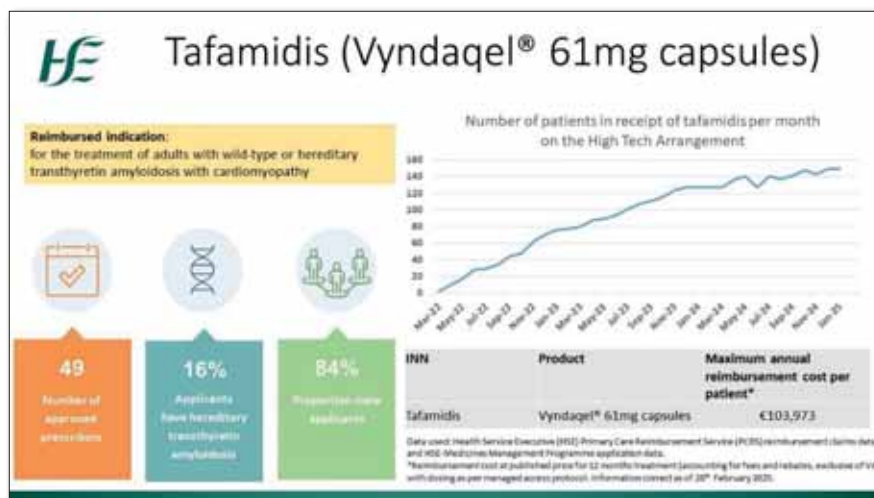
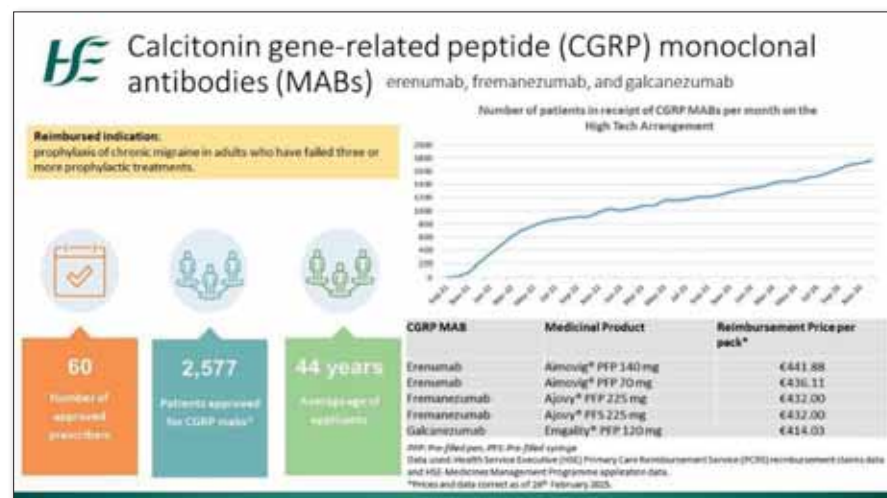
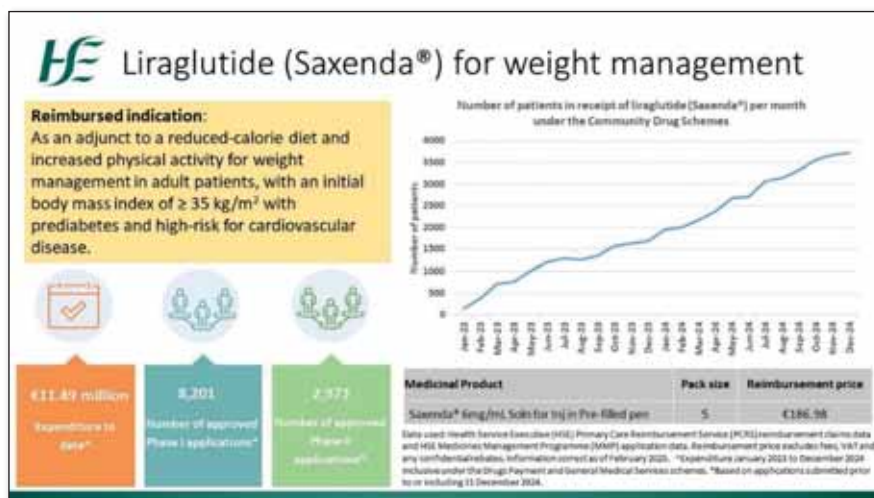
- Adalimumab
- Etanercept
- Glatiramer
- Long-acting granulocyte-colony stimulating factors
- Teriparatide

Further information on these initiatives is available on www.hse.ie/mmp

HSE – Medicines Management Programme (MMP)

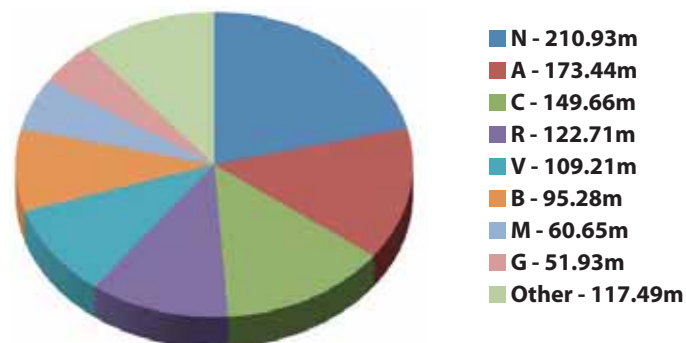


The HSE-Medicines Management Programme (MMP) are engaged in research into the design and implementation of health technology management initiatives. The MMP provide regular updates on the utilisation of drugs subject to managed access protocols, some examples are outlined here. Also available on www.hse.ie/mmp under Data Snapshots and Publications.



GMS: Major Therapeutic Classification of Drugs, Medicines and Appliances

National 2024

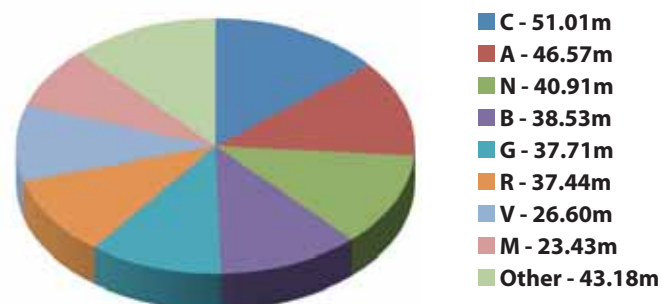


Major Therapeutic Classification		€m	Prescribing frequency
A	Alimentary Tract and Metabolism	173.44	12,635,586
B	Blood and Blood Forming Organs	95.28	4,920,619
C	Cardiovascular System	149.66	14,979,219
D	Dermatologicals	25.00	1,556,585
G	Genito Urinary System and Sex Hormones	51.93	3,004,575
H	Systemic Hormonal Preps. excl. Sex Hormones and Insulins	17.72	2,387,241
J	Antiinfectives for Systemic Use	32.24	2,816,748
L	Antineoplastic and Immunomodulating Agents	10.17	393,371
M	Musculo-Skeletal System	60.65	3,417,973
N	Nervous System	210.93	14,905,004
P	Antiparasitic Products, Insecticides and Repellents	2.51	165,103
R	Respiratory System	122.71	6,340,210
S	Sensory Organs	29.85	1,982,346
V	Various (below)	109.21	1,800,641
	Clinical Nutritional Products	50.69	738,872
	Ostomy Requisites	28.33	469,109
	Urinary Requisites	16.72	199,843
	Diagnostic Products	4.24	132,913
	Dressings	3.93	54,313
	Other Therapeutic Products	1.85	20,672
	Needles/Syringes/Lancets	1.77	88,484
	Allergens	0.18	2,209
	Miscellaneous	1.50	94,226
	Total	€1,091.30m	71,305,221

Note: The above table shows total expenditure i.e. ingredient cost, fees and VAT where applicable.

DPS: Major Therapeutic Classification of Drugs, Medicines and Appliances

National 2024



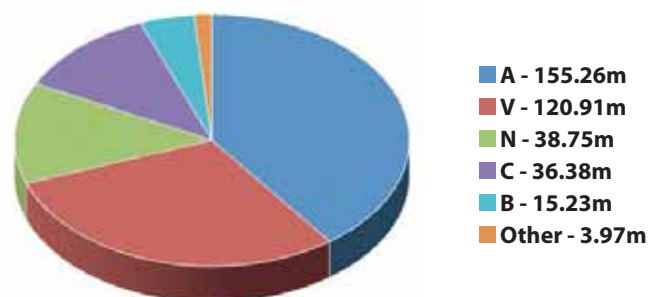
Major Therapeutic Classification		€m	Prescribing frequency
A	Alimentary Tract and Metabolism	46.57	3,000,211
B	Blood and Blood Forming Organs	38.53	1,428,078
C	Cardiovascular System	51.01	4,586,311
D	Dermatologicals	9.33	402,657
G	Genito Urinary System and Sex Hormones	37.71	1,319,987
H	Systemic Hormonal Preps. excl. Sex Hormones and Insulins	6.20	692,404
J	Antiinfectives for Systemic Use	11.99	794,475
L	Antineoplastic and Immunomodulating Agents	6.24	184,026
M	Musculo-Skeletal System	23.43	831,985
N	Nervous System	40.91	2,825,658
P	Antiparasitic Products, Insecticides and Repellents	1.31	65,308
R	Respiratory System	37.44	1,787,614
S	Sensory Organs	8.11	446,391
V	Various (below)	26.60	394,546
	Clinical Nutritional Products	8.43	91,759
	Ostomy Requisites	8.10	106,513
	Urinary Requisites	4.41	37,444
	Diagnostic Products	0.85	17,387
	Needles/Syringes/Lancets	0.78	55,876
	Allergens	0.76	9,091
	Other Therapeutic Products	0.61	5,756
	Dressings	0.23	3,116
	Miscellaneous	2.43	67,604
	Total	€345.38m	18,759,651

Notes: (i) The above costs are inclusive of the monthly co-payment of €80 payable to the Pharmacy by an individual or family.

(ii) The above table shows total expenditure i.e. ingredient cost, fees and VAT where applicable.

LTI: Major Therapeutic Classification of Drugs, Medicines and Appliances

National 2024

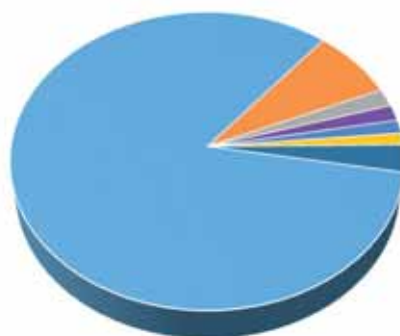


Major Therapeutic Classification		€m	Prescribing frequency
A	Alimentary Tract and Metabolism	155.26	3,636,773
B	Blood and Blood Forming Organs	15.23	965,810
C	Cardiovascular System	36.38	4,177,463
D	Dermatologicals	0.02	761
G	Genito Urinary System and Sex Hormones	0.81	27,624
H	Systemic Hormonal Preps. excl. Sex Hormones and Insulins	1.27	44,915
J	Antiinfectives for Systemic Use	0.61	26,109
L	Antineoplastic and Immunomodulating Agents	0.11	1,485
M	Musculo-Skeletal System	0.48	26,753
N	Nervous System	38.75	1,015,842
P	Antiparasitic Products, Insecticides and Repellents	0.03	382
R	Respiratory System	0.54	20,449
S	Sensory Organs	0.10	2,107
V	Various (below)	120.91	1,746,478
	Diagnostic Products	79.48	934,035
	Needles/Syringes/Lancets	23.31	526,139
	Clinical Nutritional Products	8.88	80,732
	Urinary Requisites	3.54	19,423
	Nutritional/Ancillary Devices	0.33	1,648
	Ostomy Requisites	0.24	3,916
	Dressings	0.06	740
	Other Therapeutic Products	0.05	145
	Allergens	0.00	6
	Miscellaneous	5.02	179,694
	Total	€370.50m	11,692,951

Note: The above table shows total expenditure i.e. ingredient cost, fees and VAT where applicable.

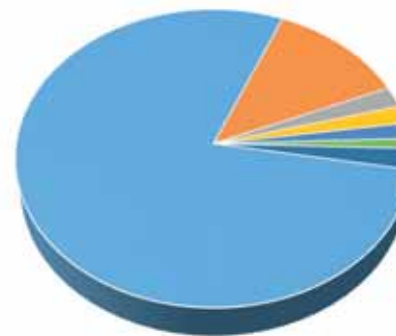
LTI: Spend by Illness 2024

National 2024



F - Diabetes Mellitus €309.71m
H - Epilepsy €28.06m
K - Parkinsonism €6.56m
M - Phenylketonuria €5.98m
A - Intellectual Disability €5.19m
J - Multiple Sclerosis €4.42m
Other - €10.58m

No. of Persons



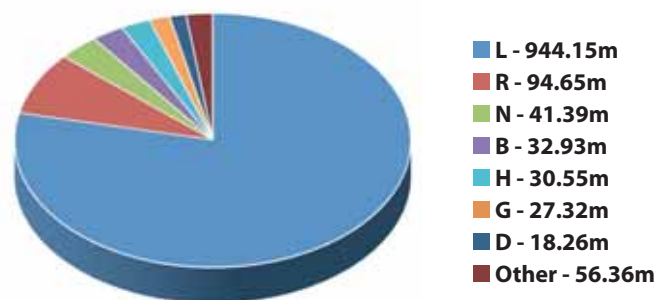
F - Diabetes Mellitus 175,869
H - Epilepsy 27,137
K - Parkinsonism 4,844
J - Multiple Sclerosis 4,214
A - Intellectual Disability 3,551
P - Mental Illness (U16s) 2,486
Other - 4,897

Long Term Illness		€m	No. of Persons
A	Intellectual Disability	5.19	3,551
B	Hydrocephalus	0.62	233
C	Cerebral Palsy	1.91	897
D	Muscular Dystrophy	0.21	179
E	Haemophilia	0.02	47
F	Diabetes Mellitus (does not include Gestational Diabetes)	309.71	175,869
G	Diabetes Insipidus	0.31	269
H	Epilepsy	28.06	27,137
J	Multiple Sclerosis	4.42	4,214
K	Parkinsonism	6.56	4,844
L	Cystic Fibrosis	3.35	1,457
M	Phenylketonuria (PKU)	5.98	693
N	Acute Leukaemia	0.41	441
P	Mental Illness (Under 16 years)	1.24	2,486
Q	Spina Bifida	2.51	681
	Total	€370.50m	222,998

Notes: (i) Based on data available from claims submitted by pharmacies.
(ii) Number of Persons dispensed to is based on Primary Illness.

High Tech: Major Therapeutic Classification of Drugs and Medicines

National 2024

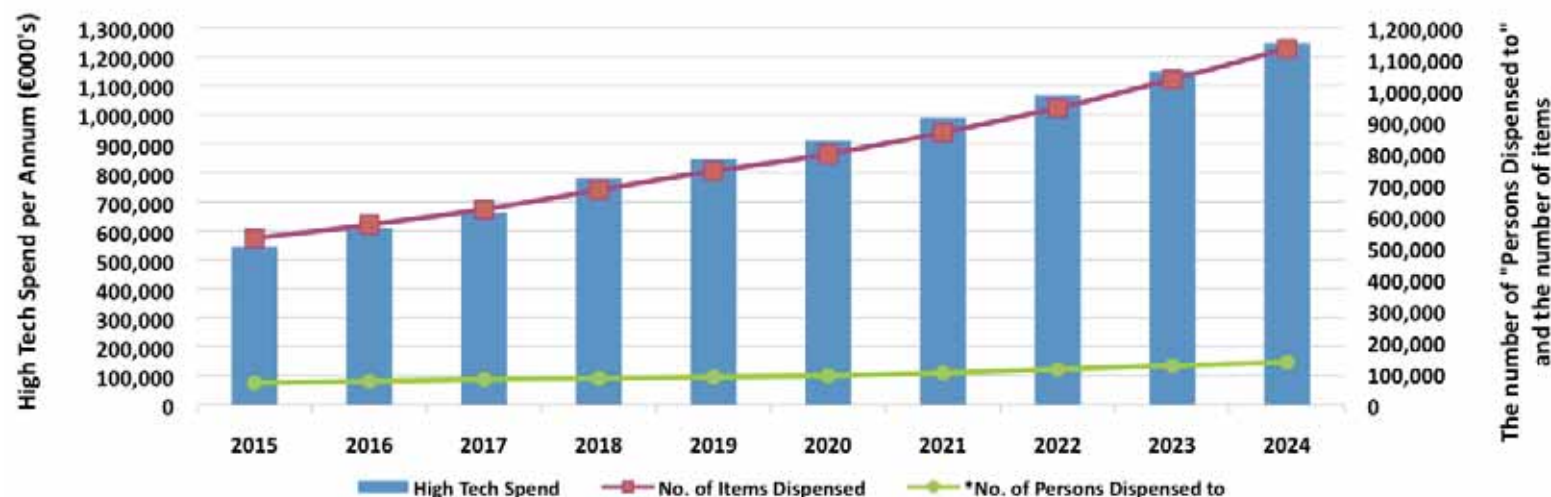


Major Therapeutic Classification		€m	Prescribing frequency
A	Alimentary Tract and Metabolism	12.47	2,589
B	Blood and Blood Forming Organs	32.93	45,125
C	Cardiovascular System	15.11	15,409
D	Dermatologicals	18.26	12,252
G	Genito Urinary System and Sex Hormones	27.32	23,930
H	Systemic Hormonal Preps. excl. Sex Hormones and Insulins	30.55	75,690
J	Antiinfectives for Systemic Use	17.53	21,180
L	Antineoplastic and Immunomodulating Agents	944.15	861,156
M	Musculo-Skeletal System	10.16	8,392
N	Nervous System	41.39	31,235
R	Respiratory System	94.65	35,255
V	Various (below)	1.09	2,269
	Other Therapeutic Products	1.09	2,269
	Total	€1,245.61m	1,134,482

Note: The above table shows total expenditure i.e. ingredient cost, fees and VAT where applicable, based on claims submitted by Pharmacists.

High Tech Trends 2015 - 2024

Movement in Number of "Persons Dispensed to" v's High Tech Spend



The graph illustrates the High Tech spend over a 10 year period from 2015 - 2024 and the trend in the number of items and people dispensed to.

Year	High Tech Spend	No. of Items Dispensed	*No. of Persons Dispensed to
2015	€544,185,172	530,368	70,321
2016	€611,737,633	573,867	74,877
2017	€664,215,525	622,596	81,580
2018	€781,234,364	684,582	84,109
2019	€849,224,988	744,377	88,748
2020	€909,793,962	798,437	92,693
2021	€991,143,684	867,469	101,151
2022	€1,067,768,028	945,484	113,016
2023	€1,151,747,335	1,036,435	125,078
2024	€1,245,614,678	1,134,482	135,358

* Based on data available from claims submitted by Pharmacists.

DENTAL SECTION

Scale of Fees Payable under the Dental Treatment Services Scheme as at 31st December 2024

Treatment Type	Routine €
Oral Examination	40.00
Prophylaxis	42.00
Restoration (Amalgam)	65.00
Restoration (Composite) 6 anterior teeth only	80.00
Exodontics (Extraction under local anaesthetic)	60.00
Surgical Extraction - Maximum 2 units:	
Fee payable for each 15 minute unit	35.00
Maximum payable	70.00
1st Stage Endodontic Treatment (Anterior teeth only)	57.30
Denture Repairs	
1st Item of Repair	67.00
Each Subsequent Item	21.48
Maximum payable	109.96
Apicectomy / Amputation of Roots	168.70
Endodontics (Anterior teeth only)	206.49
Protracted Periodontal Treatment per visit (Max 4)	26.36
Miscellaneous	
(e.g. Haemorrhage and Dressing)	22.65
Prescription	11.32
Prosthetics	
Full Upper or Lower Denture	456.71
Partial Upper or Lower Acrylic Denture	334.98
Complete Upper or Lower Reline	182.83
Complete Upper and Lower Reline	304.33
Full Upper and Lower Denture	670.24

Payments to Dentists: Claims Reimbursed 2024

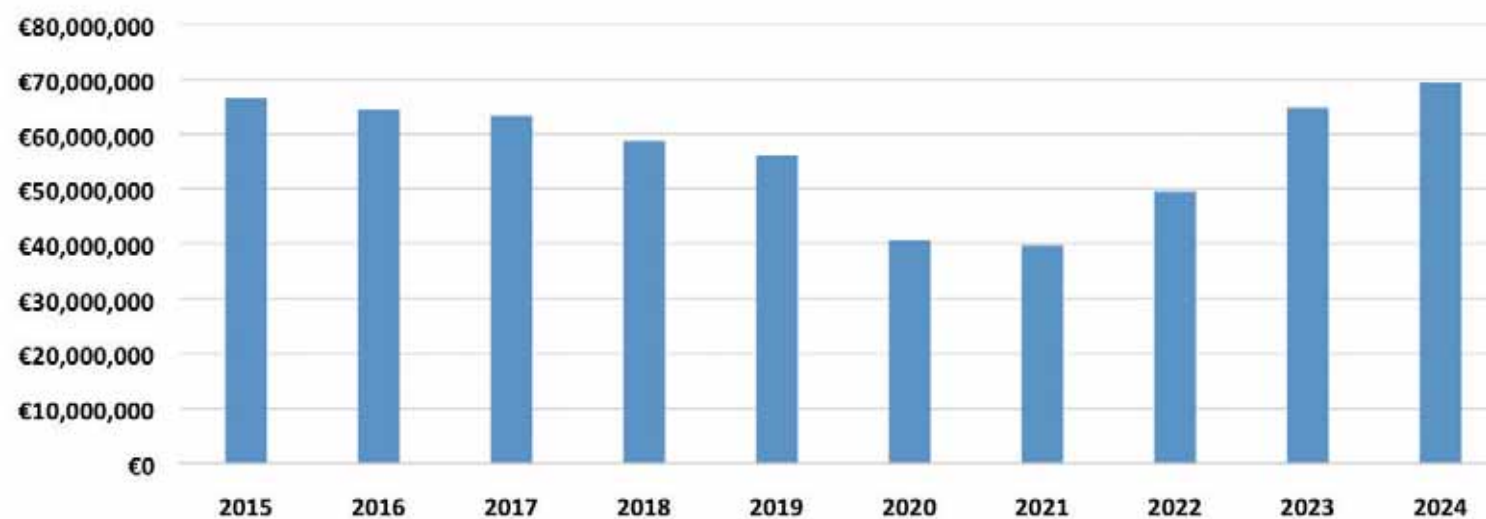
Above the Line €52.09m	Below the Line €17.28m
Dentists were reimbursed a total of €69.37m in 2024 in respect of treatments provided for 301,133 GMS persons under the DTS Scheme.	'Below the Line' treatments - prior Health Service Executive approval for a specific course of treatment under this category is required. Full denture treatment is available, with prior Health Service Executive approval, to all eligible GMS persons over 16 years.
The following treatments were available to all GMS eligible persons.	
ROUTINE: Routine treatments are categorised as either 'Above the Line' or 'Below the Line'. 'Above the Line' treatments are uncomplicated procedures, e.g. Amalgam (Filling) and Extractions. 'Below the Line' treatments are advanced procedures, e.g. Protracted Periodontal and Prosthetics.	

Payments to Dentists: Claims Reimbursed in each Health Region

Health Service Executive	2024
Dublin and North East	€15,117,841
Dublin and Midlands	€13,350,463
Dublin and South East	€11,983,727
South West	€10,577,057
Mid West	€6,890,518
West and North West	€11,454,179
National	€69,373,785

Note: Figures include reimbursed fees in respect of Health (Amendment) Act 1996 claims.

Payments to Dentists: Claims Reimbursed 2015 - 2024

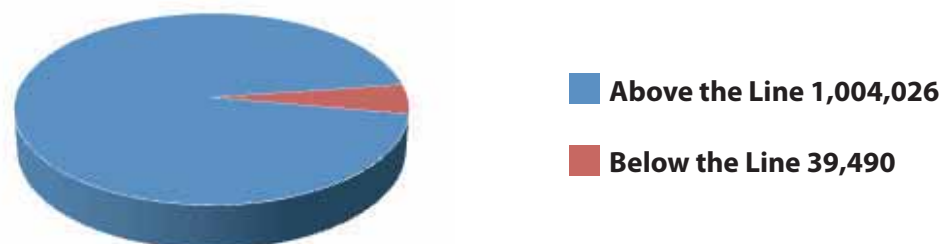


Year	Payments to Dentists
2015	€66,505,516
2016	€64,393,261
2017	€63,369,808
2018	€58,680,201
2019	€56,075,566
2020	€40,549,163
2021	€39,636,355
2022	€49,484,119
2023	€64,824,607
2024	€69,373,785

Note: Figures include reimbursed fees in respect of Health (Amendment) Act 1996 claims.

Number of Dental Treatments Claimed 2024

National – Number of Treatments Claimed 2024



Number and Value of Dental Treatments Claimed by Health Region

Health Service Executive	*Above the Line	**Below the Line	***No. of Persons Treated	Value of Reimbursements
Dublin and North East	214,714	8,950	62,755	€15,117,841
Dublin and Midlands	191,766	8,106	59,566	€13,350,463
Dublin and South East	174,317	6,896	50,261	€11,983,727
South West	158,237	5,297	47,484	€10,577,057
Mid West	98,865	3,987	29,054	€6,890,518
West and North West	166,127	6,254	52,013	€11,454,179
National	1,004,026	39,490	301,133	€69,373,785

ROUTINE - Routine treatments are categorised as either 'Above the Line' or 'Below the Line':

'Above the Line' (ATL) treatments are uncomplicated procedures;

'Below the Line' (BTL) treatments are advanced procedures.

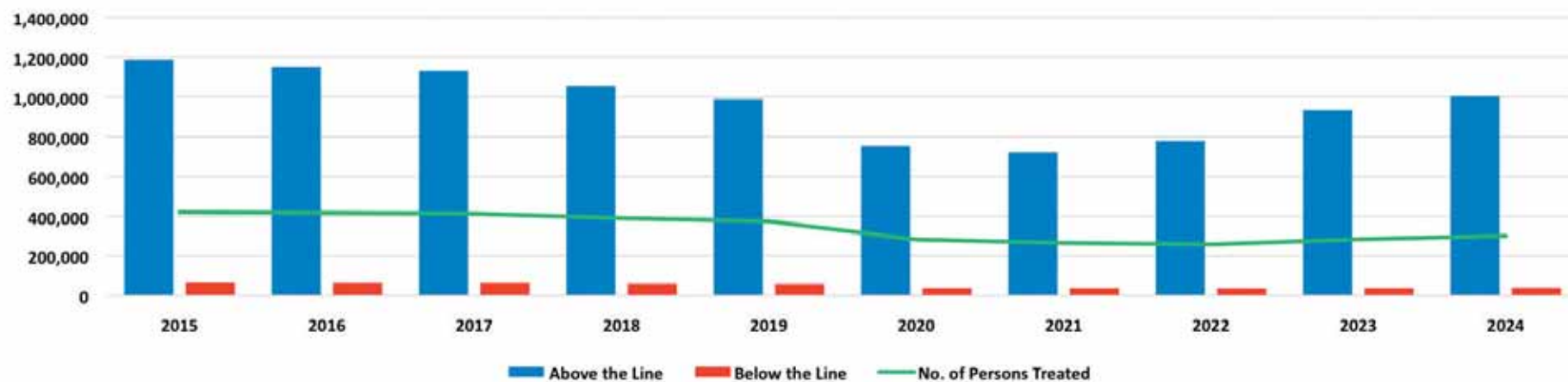
** The most frequently used ATL service was Oral Examinations, which was used by 257,245 patients followed by Composite Restoration.*

*** In the BTL category the most frequently used service was Prosthetics followed by Protracted Periodontal and Endodontics.*

**** This figure is the number of unique GMS persons treated.*

Note: Figures include reimbursed fees in respect of Health (Amendment) Act 1996 claims.

Number of Dental Treatments Claimed 2015 - 2024



Year	Above the Line	Below the Line	No. of Persons Treated
2015	1,186,342	64,583	420,459
2016	1,151,562	63,480	416,662
2017	1,131,347	63,383	413,111
2018	1,053,116	60,658	389,791
2019	990,169	59,124	374,408
2020	752,494	38,233	282,796
2021	722,767	37,902	264,591
2022	779,017	36,914	256,949
2023	932,612	38,104	283,658
2024	1,004,026	39,490	301,133

Note: Since 2017 dental figures include HAA claims.

OPTICAL SECTION

Scale of Fees Payable under the Health Service Executive Community Ophthalmic Services Scheme

As at 31st December 2024	€	As at 31st December 2024	€
Examinations		Single Vision Lenses to Own Frame	
Eye Examination Ophthalmic Optician	22.51	Replacement Distance Lens (1) to own Frame	16.46
Eye Examination Ophthalmologist / Ophthalmic Medical Practitioner	24.78	Replacement Distance Lenses (2) to own Frame	32.94
Medical Eye Examination by Ophthalmologist	49.58	Replacement Reading Lens (1) to own Frame	16.46
Eye Examination for Contact Lenses (Grant)	68.44 (H)	Replacement Reading Lenses (2) to own Frame	32.94
Eye Examination Ophthalmic (Dilation)	45.03	Single Vision Lenses to Non-Standard Frame	
Domiciliary Visit Ophthalmic Optician	67.53	Single Vision Lens (1) (Glass) Distance	23.70 (H)
Domiciliary Visit Ophthalmologist / Ophthalmic Medical Practitioner	67.53	Single Vision Lenses (2) (Glass) Distance	47.41 (H)
Domiciliary Fees		Single Vision Lens (1) (Glass) Reading	23.70 (H)
1st Patient Exam	67.53	Single Vision Lenses (2) (Glass) Reading	47.41 (H)
2nd Patient Exam	45.02	Single Vision Lens (1) (Plastic) Distance	27.03 (H)
3rd - 15th Patient Exam	22.51	Single Vision Lenses (2) (Plastic) Distance	54.06 (H)
1st Patient Dilation	22.51	Single Vision Lens (1) (Plastic) Reading	27.03 (H)
2nd Patient Dilation	15.00	Single Vision Lenses (2) (Plastic) Reading	54.06 (H)
3rd - 15th Patient Dilation	7.50	Additional Specification For Lenses To All Spectacle Types	
Appliances		Special grant towards additional specification for Lens (1)	82.62 (H)
Single Vision Complete Appliances		- applies to all spectacle types	
Spectacles - Distance	42.37	Special grant towards additional specification for Lenses (2)	165.26 (H)
Spectacles - Reading	42.37	- applies to all spectacle types	
Spectacles - Uncollected	29.49		
Contact Lenses (Pair)	42.36		
Contact Lenses Standard or Disposable per pair (Grant)	64.78 (H)		
Single Vision Spectacles - with Glass Lenses Distance	122.85 (H)		
Single Vision Spectacles - with Glass Lenses Reading	122.85 (H)		
Single Vision Spectacles - with Plastic Lenses Distance	132.00 (H)		
Single Vision Spectacles - with Plastic Lenses Reading	132.00 (H)		

(H) Denotes Fees Payable in Respect of Services under the Health (Amendment) Act 1996 only.

Notes: (i) Domiciliary Fees: Adults requiring a domiciliary visit in a hospital or other group care setting.

(ii) Where applicable values are inclusive of materials and VAT.

Scale of Fees Payable under the Health Service Executive Community Ophthalmic Services Scheme continued

As at 31st December 2024	€	As at 31st December 2024	€
Other Items - Single Vision		Bifocals	
Lenticular Lens (1 Surface)	11.75	Spectacles Bifocal Complete	84.19
Lenticular Lenses (2 Surfaces)	23.51	Fused Bifocal Spectacles	163.88 (H)
Lenticular Lenses (3 Surfaces)	35.27	Varifocal Spectacles - Glass or Plastic	252.73 (H)
Lenticular Lenses (4 Surfaces)	47.02		
Tinted Lens (1)	7.49	Bifocal Lenses	
Tinted Lenses (2)	14.98	Replacement Bifocal Lens (1) to own Frame	37.43
Tinted Lenses (3)	22.47	Replacement Bifocal Lenses (2) to own Frame	74.85
Tinted Lenses (4)	29.97	Bifocal Lens (1) to Non-Standard Frames	48.15 (H)
Prism (1)	6.36	Bifocal Lenses (2) to Non-Standard Frames	96.32 (H)
Prisms (2)	12.72	Varifocal Lens (1) (Grant)	95.61 (H)
Prisms (3)	19.09	Varifocal Lenses (2) (Grant)	191.20 (H)
Prisms (4)	25.45		
Prisms (5)	31.81	Other Items - Bifocals	
Prisms (6)	38.17	Sphere over 6.00 and up to 9.00 extra charge (1) Lens	4.22
Prisms (7)	44.53	Sphere over 6.00 and up to 9.00 extra charge (2) Lenses	8.44
Prisms (8)	50.90	Sphere over 9.00 extra charge (1) Lens	9.37
Dioptric powers higher than 8.00 (1) Lens	6.25	Sphere over 9.00 extra charge (2) Lenses	18.75
Dioptric powers higher than 8.00 (2) Lenses	12.50	Tinted Lens (1)	8.27
Dioptric powers higher than 8.00 (3) Lenses	18.75	Tinted Lenses (2)	16.55
Dioptric powers higher than 8.00 (4) Lenses	24.99	Prism (1)	8.84
Anti-Reflective Coating on Plastic Lens (1)	18.33 (H)	Prisms (2)	17.67
Anti-Reflective Coating on Plastic Lenses (2)	36.66 (H)		
Dioptric powers higher than 6.00 (Plastic) (1) Lens	15.62	Repairs	
Dioptric powers higher than 6.00 (Plastic) (2) Lenses	31.24	Replacement Frame to own Lenses	12.16
Dioptric powers higher than 6.00 (Plastic) (3) Lenses	46.86	Replacement front to own Lenses	5.83
Dioptric powers higher than 6.00 (Plastic) (4) Lenses	62.48	Replacement Side (1) to own Frame	2.45
Plastic Lens (1) for children as prescribed	4.73	Replacement Sides (2) to own Frame	4.90
Plastic Lenses (2) for children as prescribed	9.45	Complete new Frames	90.60 (H)
Plastic Lens (1) Adult	4.58 (H)		
Plastic Lenses (2) Adult	9.16 (H)		

(H) Denotes Fees Payable in Respect of Services under the Health (Amendment) Act 1996 only.

Note: Where applicable values are inclusive of materials and VAT.

Payments to Optometrists/Ophthalmologists: Claims Reimbursed 2024

The Community Ophthalmic Services Scheme (COSS) provides access to certain Optical treatments to eligible persons living in the community. Reimbursement for adult medical card holders, which include free eye examinations and necessary spectacles/appliances, is made by the Primary Care Reimbursement Service (PCRS).

Payment is also made by PCRS for teenage medical card holders for eye examinations and necessary spectacles/appliances and for necessary spectacles/appliances for children.

In the 12-month period to the end of December 2024, claims were received on behalf of 286,076 GMS persons for 696,471 treatments costing €26,324,746.

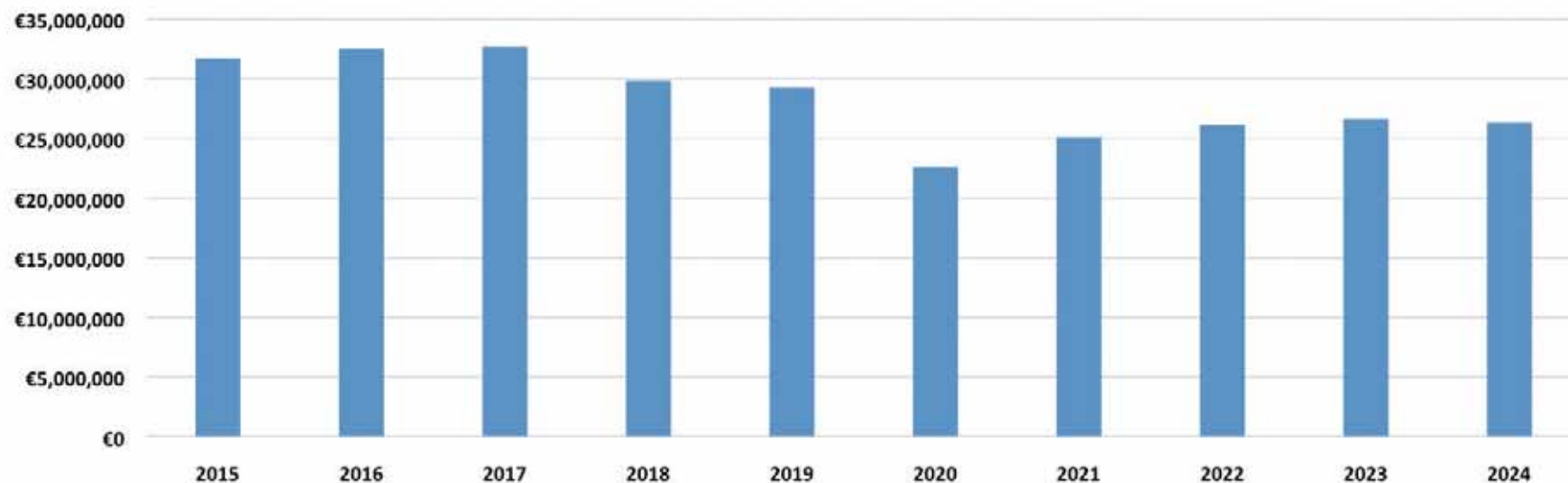
Eye examinations by Optometrists/Ophthalmologists totalled 263,688; complete spectacles (distance, reading and bi-focals) and other appliances provided under the Scheme totalled 432,783.

Payments to Optometrists/Ophthalmologists: Claims Reimbursed in each Health Region

Health Service Executive	2024
Dublin and North East	€4,687,506
Dublin and Midlands	€5,314,449
Dublin and South East	€5,297,160
South West	€3,647,826
Mid West	€2,110,192
West and North West	€5,267,613
National	€26,324,746

Note: Payments include services for Children, Teenagers and those eligible under the Health (Amendment) Act 1996.

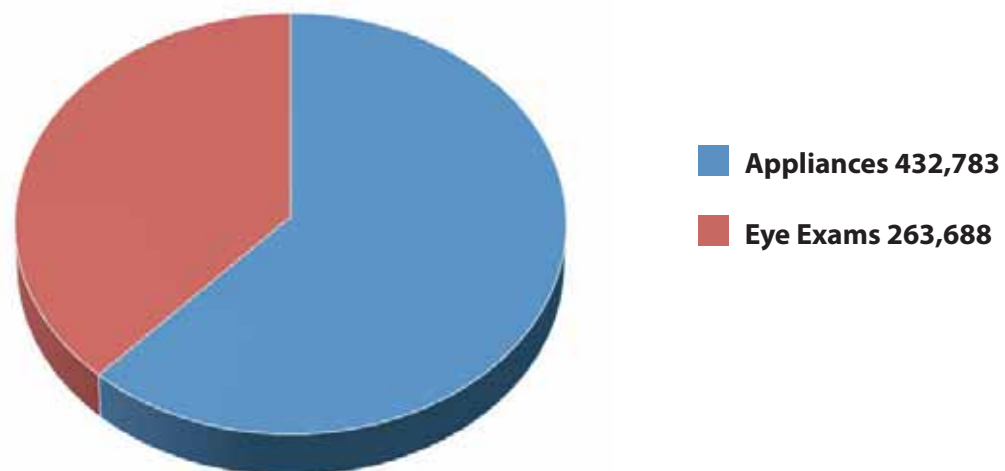
Payments to Optometrists/Ophthalmologists: Claims Reimbursed 2015 - 2024



Year	Payments to Optometrists/Ophthalmologists
2015	€31,743,068
2016	€32,508,917
2017	€32,706,469
2018	€29,832,040
2019	€29,261,845
2020	€22,581,523
2021	€25,107,697
2022	€26,120,431
2023	€26,629,391
2024	€26,324,746

Number of Treatments by Optometrists/Ophthalmologists

National Number of Treatments 2024

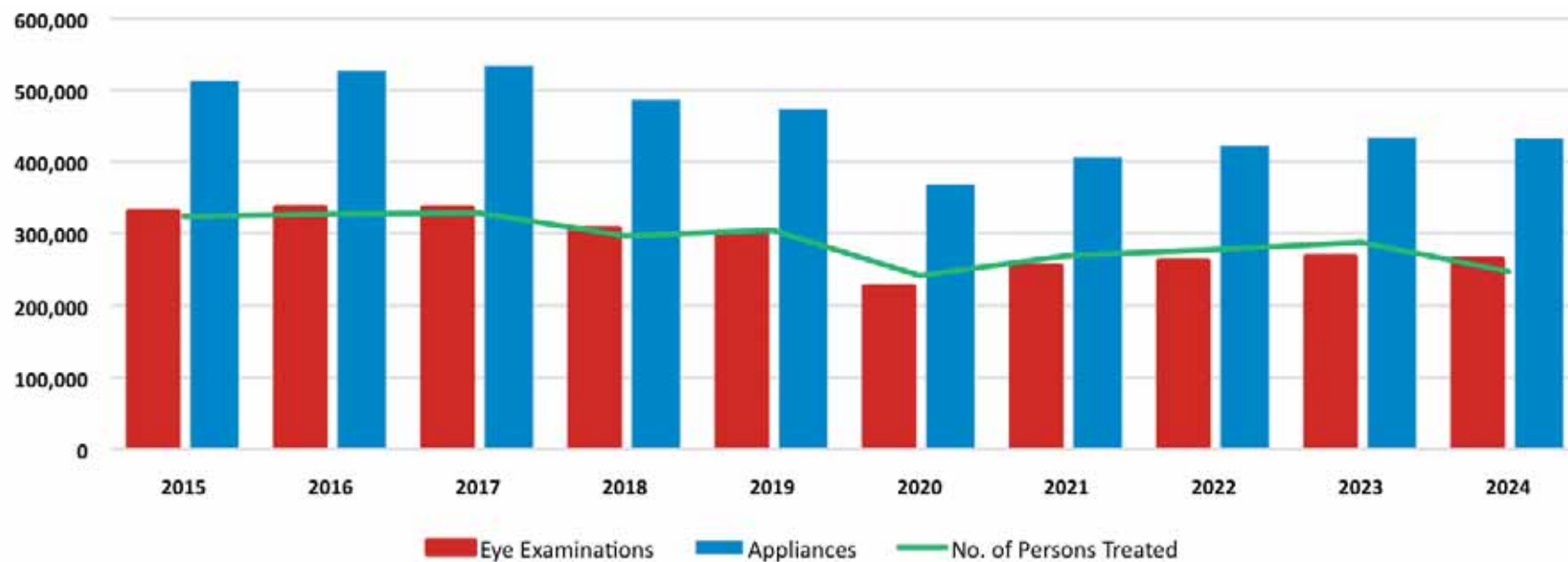


Number of Treatments by Optometrists/Ophthalmologists in each Health Region

Health Service Executive	Eye Examinations	Appliances	No. of Persons Treated	Value of Reimbursements
Dublin and North East	48,999	72,138	51,119	€4,687,506
Dublin and Midlands	50,104	88,652	56,142	€5,314,449
Dublin and South East	52,706	88,080	57,105	€5,297,160
South West	39,183	56,302	38,217	€3,647,826
Mid West	22,211	35,636	24,549	€2,110,192
West and North West	50,485	91,975	58,944	€5,267,613
National	263,688	432,783	286,076	€26,324,746

Note: Payments include services for Children, Teenagers and those eligible under the Health (Amendment) Act 1996.

Number of Treatments by Optometrists/Ophthalmologists 2015 - 2024



Year	Eye Examinations	Appliances	No. of Persons Treated	Value of Reimbursements
2015	330,691	513,460	323,866	€31,743,068
2016	336,108	527,239	327,169	€32,508,917
2017	335,756	534,781	328,630	€32,706,469
2018	306,577	486,787	296,662	€29,832,040
2019	301,847	474,185	304,515	€29,261,845
2020	225,684	368,808	241,128	€22,581,523
2021	253,817	406,517	268,979	€25,107,697
2022	261,669	422,522	277,445	€26,120,431
2023	267,463	434,165	287,513	€26,629,391
2024	263,688	432,783	286,076	€26,324,746

Appendix

Online PCRS Publications @ <https://www.hse.ie/eng/staff/pcrs/pcrs-publications/>

PCRS Annual Reports

Statistical Analysis of Claims and Payments 1998 - 2024

Eligibility Reports

Eligibility Figures

Domiciliary Care Allowance

Under 8s and Over 70s Eligibility

Eligibility per Scheme

Eligible Medical Card Holders by CHO, Gender and Age Group

Eligible GP Visit Card Holders by CHO, Gender and Age Group

General Practitioner Reports

Number and Costs of Claims by GPs

Dispensing Doctors

Special Items of Service

Payments to GPs

GP Panel Size

Capitation Payments to GPs

Pharmacy Reports

Number of Items per Claim

Pharmacy Fees

Top 100 Prescribed Products

Top 100 Products by Cost

Top 20 Medicines and Appliances

Distribution of Medicines by ATC

GMS Payments to Pharmacists

Payments to Pharmacists: Claims Reimbursed

Number of Items Claimed by Pharmacists

Benzodiazepine and Z Drugs Claims

Dental Reports

Monthly Expenditure Report for DTSS

DTSS Payments and Number of Treatments

Optical Reports

High Tech Reports

Contractor Reports

Annual Flu Reports

