

Practice managers manual

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Practice Managers Manual



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Introduction

This Practice Manager Manual was compiled based on information that has been requested or questions that have been raised in the Primary Care Unit.

It is intended as a guide to services provided by the Health Service Executive and guide to the General Practitioner of payments and fees paid by the Primary Care Reimbursement Service and the Primary Care Unit.

This manual was compiled by the staff in the Primary Care Unit.

I would like to acknowledge the support and express thanks to the following

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Special Type Consultations

What is an STC?

STC stands for Special Type Consultations. An STC form is filled in to claim payment for a patient's treatment by the doctor which falls outside the normal capitation payment. Either the doctor or administrative staff can fill in the form.

A code is entered on the form to specify what service is being claimed.

Payment is made by the HSE – Primary Care Reimbursement Service.

What is the form used for?

Out Of Hour's Claims. (Where a General Practitioner treats a patient outside the normal surgery hours).

Temporary Patient. (An eligible person who is normally a resident in an area not served by the General Practitioner, but has moved temporarily. If the persons stay at the temporary residence extends to more than three months he/she will cease to be regarded as temporary).

Emergency Patient. (An eligible person who is unable to receive treatment at that time from the General Practitioner on whose panel he/she is included, or from his/her deputy).

Visiting From Another Country. (Residents with established eligibility from one of the other member states of the European Union, European Economic Area or Switzerland can obtain the necessary healthcare in the public system if they become ill or injured while on a temporary stay in this country).

Special Services. Services provided by the doctor which are not covered directly by the medical card.

Codes for filling in the form

Firstly the patients name, address & medical card details are entered

The Doctors details are then entered

Patient / Patient's representative are required to sign the form.

The first box requires an STC Code which could be any of the following

T = Temporary patient

E = Emergency Patient

C = Visiting from another country

H = Out of Hours

The claiming date is entered beside the above

Next box requires a location code. The location could either be in the practice or at the patient's home

S = Surgery

D = Domiciliary

The distance code is entered, distance between the patients home and the surgery and is required if claiming under the out of hours code.

A = 0 – 3 Miles

B = 3 – 5 Miles

C = 6 – 7 Miles

D = 7 – 10 Miles

E = Over 10 Miles

The time that the patients consultation took place needs to be entered into the following box, (see next page) the consultation will be either **Day** **Late** or **Night** times. This is only required if claiming under the out of hours code.

D = Day between 8.00 – 20.00

L = Late between 20.00 – 24.00

N = Night between 24.00 – 8.00

A = Additional (more that one medical card patient seen on visit).

The last code box requires a code for the Special Service provided. This box is used if a patient's consultation requires a special service either during normal working hours or out of hours.

The claiming doctor is required to sign the form on the bottom left hand corner along with the practice stamp.

The final stage of the form requires information if the patient has been given a vaccination. All the correct details should be entered into the correct place.

NOTE: The General Practitioner must have completed in the first instance a Special Type Services registration form indicating the special services that he/she provides, which is submitted to the Primary Care Unit on taking up the GMS contract. This form is then forwarded by the Primary Care Unit to the Primary Care Reimbursement Service for their data base. If a claim is made by the General Practitioner for a service which has not been registered the claim will be rejected.

GP Registration Forms for STC can be obtained from the Primary Care Unit.

GP Claiming Procedures

When claiming for an STC each category must be clearly entered into the appropriate spaces of the GP STC claim form. A supply of STC claim forms can be obtained from the Primary Care Unit. The patient / patient's representative are required to sign the form.

There are two types of claiming procedure's manual or electronic (see next page).

Claims should be submitted to the HSE – Primary Care Reimbursement Service **before the 7th of each month for payment on the 15th of the following month.**

Claims received after the 7th of the month will not be processed for payment until the following month.

The fee payable in respect of each STC is made up of a number of elements, which is why it is essential that all details are filled in correctly on the claim form.

Manual Claims

All claims must be posted to the Primary Care Reimbursement Service in time for deadline for payment as stated over.

The top copy of the STC form is sent to the HSE – Primary Care Reimbursement Service for payment and the bottom copy (green) part is retained by the practice as evidence of claim.

All codes must be entered correctly into the appropriate spaces provided.

Manual claims can be sent to: **The HSE – Primary Care Reimbursement Service, Exit 5 – M50, North Road, Finglas, Dublin 11.**

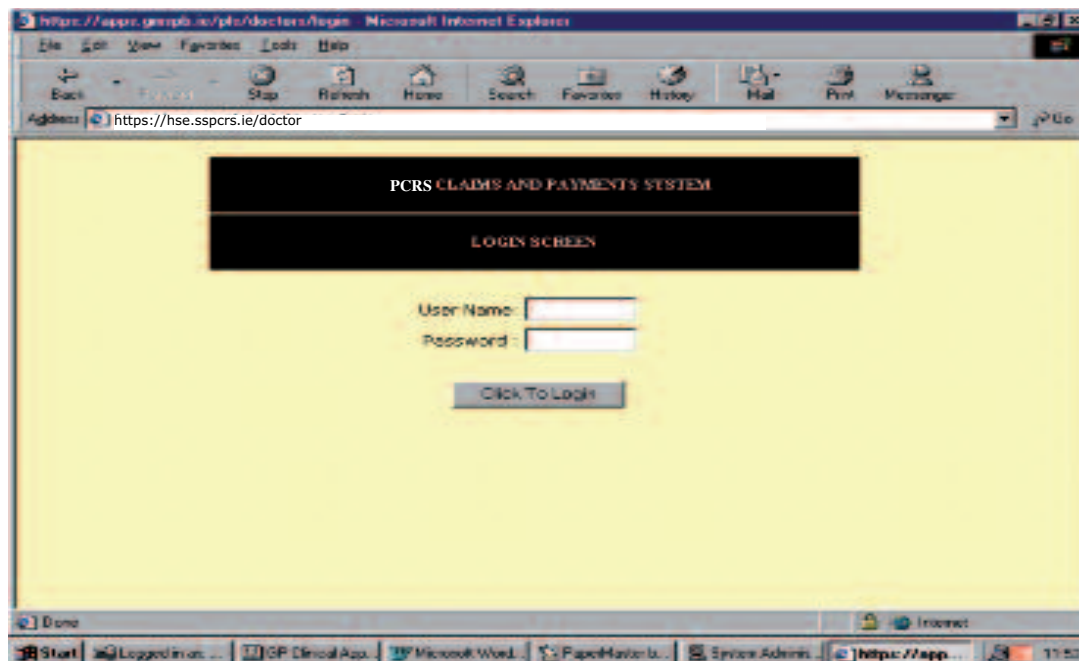
Manual STC Form

The diagram illustrates the layout of a Manual STC Form, titled "GENERAL MEDICAL SERVICES". The form is divided into several sections, each with a corresponding callout box:

- Patients Name, address & Medical card details are entered here**: Points to the top section of the form.
- Patient's signature / Guardian is entered here**: Points to the signature line.
- T,E,C or H Codes**: Points to the first column of the code grid.
- Time**: Points to the time field.
- STC Claiming Date**: Points to the date field.
- S or D Codes**: Points to the second column of the code grid.
- EHIC Patient details**: Points to the EHIC section.
- A,B,C,D,E Code**: Points to the third column of the code grid.
- D,L,N or A Code**: Points to the fourth column of the code grid.
- Special Services**: Points to the special services section.

Electronic Claims

Electronic claims can be made by making an application in writing to the HSE – Primary Care Reimbursement Service to receive a password and username.

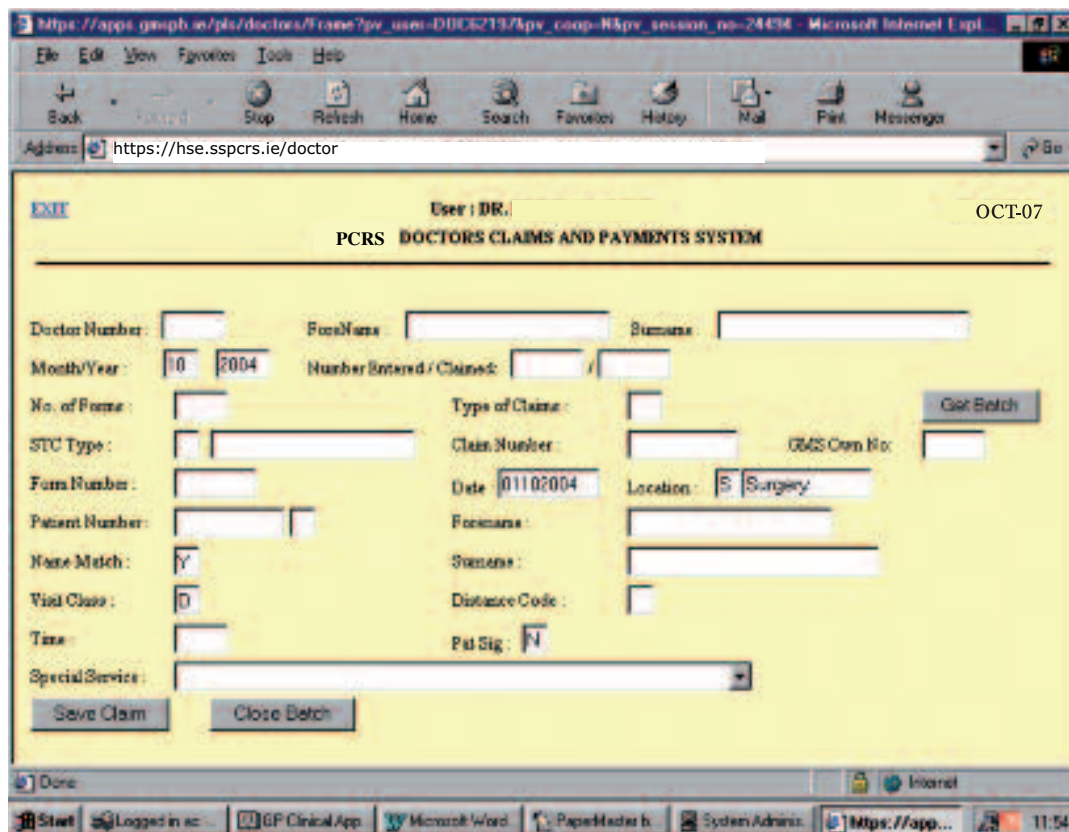


The screenshot shows a Microsoft Internet Explorer browser window with the address bar displaying <https://hse.sspcrs.ie/doctor>. The page title is "PCRS CLAIMS AND PAYMENTS SYSTEM" and the sub-header is "LOGIN SCREEN". The login form includes fields for "User Name" and "Password", and a "Click To Login" button. The browser's taskbar at the bottom shows several open applications, including "GP Clinical App...", "Microsoft Word...", "PaperMaster b...", "System Admin...", and "https://app...".

Claims can then be processed via the internet by logging onto the following

<https://hse.sspcrs.ie/doctor>

The computer will prompt you to insert relevant codes



The screenshot shows the main form of the "PCRS DOCTORS CLAIMS AND PAYMENTS SYSTEM". The user is logged in as "DR." on "OCT-07". The form contains various input fields for claim data, including "Doctor Number", "First Name", "Surname", "Month/Year" (set to 10/2004), "Number Entered / Claimed", "No. of Forms", "Types of Claims", "STC Type", "Claim Number", "GMS Own No.", "Form Number", "Date" (set to 01/10/2004), "Location" (set to S Surgery), "Patient Number", "Forename", "Surname", "Name Match" (checked), "Special Service", "Visit Class" (set to 0), "Distance Code", "Time", and "Pat Sig" (set to N). There are buttons for "Get Batch", "Save Claim", and "Close Batch". The browser's taskbar at the bottom shows the same set of applications as the previous screenshot.

The Primary Care Reimbursement Service will send you out a step by step guide to using this website.

The advantage of submitting a claim electronically to the HSE – Primary Care Reimbursement Service is that the practice receives instant feedback as to whether a claim is accepted or rejected.

Flu Vaccinations

A STC form needs to be filled in for all medical card holders with the following Special Service Code filled in:

S = Influenza Vaccine	Fee paid through STC €40.69.
R = Pneumococcal Vaccine	Fee paid through STC €40.69.
T = Combination of the two	Fee paid through STC €61.03.

Flu vaccines are provided by the Health Service Executive for persons aged 65 years and over and those in risk categories and health care staff through the following:

Customer Service Team,
HSE National Cold Chain Service,
United Drug House,
Magna Drive,
Magna Business Park,
City West Road,
Dublin 24.

Phone: 01 – 4637770
Fax: 01 – 4637788.
Email: vaccines@udd.ie

NOTE: Rates are revised at regular intervals.

Therefore any new rates will be notified to you in the form of an appendice for you to make ammendments as appropriate.

Fees and Allowances under Capitation Agreement

Capitation Fees as at 1st June 2007.

	0 – 3 Miles A		3 – 5 Miles B		5 – 7 Miles C		7 – 10 Miles D		Over 10 Miles E	
Age	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Up to 4	€83.53	€81.57	€87.76	€85.83	€94.01	€92.11	€100.19	€98.30	€107.85	€105.94
5-15	€50.12	€50.64	€51.87	€52.40	€54.45	€55.03	€56.95	€57.49	€60.09	€60.58
16-44	€62.89	€100.38	€65.17	€102.65	€68.54	€106.00	€71.84	€108.76	€75.89	€113.35
45 - 64	€121.74	€133.38	€127.20	€138.85	€135.26	€146.89	€143.20	€154.87	€153.09	€164.70
65 - 69	€128.04	€142.39	€143.22	€157.59	€165.77	€180.12	€187.89	€202.26	€215.42	€229.81
70 & Over	€139.59	€154.38	€155.22	€170.06	€178.52	€193.33	€201.37	€216.20	€229.74	€244.64

Above rates inclusive of supplementary Out-of-Hours Fee.

The Capitation rate is €639.67 per annum for persons aged 70 years and over in the community issued with a medical card for the first time regardless of income.

A Capitation rate of €927.06 per annum will apply to anyone aged 70 years and over in a private nursing home (approved by the HSE) for continuous periods in excess of five weeks.

Out-of-Hours Payment

Surgery €48.20

Domiciliary

Up to 3 miles €48.20

3 - 5 miles €64.32

5 - 7 miles €72.40

7 - 10 miles €80.36

Over 10 miles €96.47

Additional Fee €37.62

NOTE: Rates are revised at regular intervals.

Therefore any new rates will be notified to you in the form of an appendice for you to make ammendments as appropriate.

Fee rates for Temporary Residents / Emergency / EHIC Visitor on claims for Special Type Consultations and for outside normal hours consultations.

Surgery €48.20

Domiciliary

Up to 3 miles €48.20

3 - 5 miles €64.32

5 - 7 miles €72.40

7 - 10 miles €80.36

Over 10 miles €96.47

Rural Dispensing Fee €14.67

Fee for Second Medical Opinion €32.16

Practice Payments for Rural Areas

Rural Practice Allowance per annum: €19,714.25

Contributions to Locum Expense (Subject to the conditions of the Agreement)

Leave	Per Day	Per Week	Details
Annual Leave	€239.78	€1,678.47	Leave entitlement dependent on panel size.
Study Leave	€239.78	€1,678.47	Panel of 100 and upwards.
Maternity Leave	€239.78	€1,678.47	Panel of 500 and upwards
Adoptive Leave	€239.78	€1,678.47	Panel of 500 and upwards
Paternity Leave	€239.78		Max of three days per child including adopted children.
Sick Leave			
Week 1	€239.78	€1,198.90	
Week 2 - 26	€239.78	€1,678.47	
Week 27 - 52	€119.89	€839.23	Panel of 700 upwards.
Leave for attendance at meetings of statutory bodies or GP Committees	€239.78		

Additional Information

Sick Leave: Medical Practitioners with Patient panels of between 100 and 700 shall be entitled to Sick Leave Payment equivalent to their capitation earnings during the second and subsequent consecutive 24 weeks and half that amount for the second period of 26 weeks.

Maternity Leave: In addition to the standard 26 weeks a medical practitioner with a panel of 500 or more who is approved by the HSE for Maternity Leave may also avail of an additional 16 weeks unpaid leave on grounds analogous to those in the **Maternity Protection act 1994 and the Maternity Protection (Amendment) act 2004.**

Adoptive Leave entitlement is as follows: 24 weeks paid and 16 weeks unpaid adoptive leave.

Fees and Allowances Payable Under Capitation Agreement

*Special Items of Service:

A	Excisions/Cryotherapy/Diathermy of Skin Lesions.	€30.15
B	Suturing of Cuts and Lacerations.	€30.15
C	Draining of Hydroceles.	€30.15
D	Treatment and Plugging of Dental and Nasal Haemorrhages.	€30.15
E	Recognised Vein Treatment	€30.15
F	ECG Tests and their Interpretation.	€30.15
G	Instruction in the fitting of a Diaphragm.	€30.15
H	Removal of Adherent Foreign Bodies from the Conjunctival Surface of the Eye.	€30.15
J	Removal of Lodged or Impacted Foreign Bodies from the Ear, Nose and Throat.	€30.15
K	Nebuliser Treatment in the case of Acute Asthmatic Attack.	€45.24
L	Bladder Catheterization.	€45.24
M	Attendance at case conferences (where authorized by the HSE)	€75.41
N	Advice and Fitting of a Diaphragm.	€50.75
P	Counselling and Fitting of an IUCD.	€81.20
R	Pneumococcal Vaccination.	€40.69
S	Influenza Vaccination.	€40.69
T	Pneumococcal/Influenza Vaccination.	€61.03
U	Hepatitis B Vaccination.	€146.71

NOTE: Rates are revised at regular intervals.

Therefore any new rates will be notified to you in the form of an appendice for you to make ammendments as appropriate.

Fees and Allowances under the Fee-Per-Item Agreement

Surgery Consultations

Day	Normal Hours	€13.28
Late	Outside Normal Hours other than (Night)	€18.88
Night	Midnight to 8.00 a.m.	€37.34

Domiciliary Consultations

Day:	Normal Hours	
	Urban	€19.59
	Up to 3 miles	€19.59
	3 - 5 miles	€25.65
	5 - 7 miles	€34.46
	7 - 10 miles	€43.21
	Over 10 miles	€54.03
Late:	Outside Normal Hours	
	Urban	€25.65
	Up to 3 miles	€25.65
	3 - 5 miles	€33.19
	5 - 7 miles	€43.21
	7 - 10 miles	€57.39
	Over 10 miles	€67.31
Night:	Midnight to 8.00 a.m.	
	Urban	€50.30
	Up to 3 miles	€50.30
	3 - 5 miles	€64.65
	5 - 7 miles	€81.78
	7 - 10 miles	€91.25
	Over 10 miles	€99.07

Emergency Fee/EEA Fee *(Additional to Standard Fee)*

Dispensing Fee	€14.53
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Rural Practitioner's Allowance

Per Annum	€8,356.23
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Locum and Practice Expense Allowance

Per Annum	€1,666.84
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Sessional Rate - Homes for the Aged

Per 3 Hour Session	€88.97
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Fees and Allowances under the Fee-Per-Item Agreement

* Special Items of Service

K	Excisions/Cryotherapy/Diathermy of Skin Lesions.	€27.27
F	Suturing of Cuts and Lacerations.	€27.27
H	Draining of Hydroceles.	€27.27
G	Treatment and Plugging of Dental and Nasal Haemorrhages.	€27.27
J	Recognised Vein Treatment	€27.27
M	ECG Tests and their Interpretation.	€27.27
N	Instruction in the fitting of a Diaphragm.	€27.27
R	Pneumococcal Vaccination.	€40.69
S	Influenza Vaccination.	€40.69
T	Pneumococcal/Influenza Vaccination.	€61.03
U	Hepatitis B Vaccination.	€146.71

Fees Payable to GPs in respect of National Primary Childhood Immunisation Programme and Meningococcal Immunisation.

Immunisation Fees

(i)	Registration of child with a GP	€39.84
(ii)	Complete course of immunisation	€132.75
(iii)	95% uptake bonus	€63.95

For children born after the 1st July 2008 there is an interim payment of €61.05 to cover the additional vaccines. (See page 18 for further details)

The Hib Booster as part of the PCI Schedule was introduced for children born on or after the 18th September 2005. The payment for this is €20.35.

Health (Amendment) Act 1996

Surgery Fee	€37.11
Domiciliary Fee	€48.94

Methadone Treatment Scheme

Level 1 Contractor	€152.26
Level 2 Contractors	€167.93

NOTE: Rates are revised at regular intervals.

Therefore any new rates will be notified to you in the form of an appendice for you to make ammendments as appropriate.

Over 70's Nursing Home Payments

Background:

On the 28th June 2001 an agreement was reached between the Health Services Employers Agency (HSEA) and the Irish Medical Organisation (IMO) whereby General Practitioner are entitled to a complete rate in respect of persons aged 70 or over in private nursing homes (approved by the Health Service Executive) **for continuous periods in excess of five weeks on or after 1st July 2001.**

The terms of the agreement have effect from 1st July 2001. In view of the date on which the agreement was reached it was not possible to have all the necessary administrative arrangements in place to ensure the full implementation of the terms of agreement as of the 1st July 2001. Therefore on a transitional basis which was not to exceed the 31st December 2001, it was agreed that anyone who applied and was entitled to a medical card before the 31st December 2001, would have retrospective effect to 1st July 2001 for payment purposes.

Procedure for claiming payment:

Following the introduction of a coding structure within the Local Health Office, Medical Card staff effectively now code Nursing Home Clients thereby generating an automatic payment to the General Practitioner via the Primary Care Reimbursement Service.

The procedure to ensure correct coding of patients is as follows:

When a patient aged 70 or over enters a private Nursing Home registered with the Health Service Executive the General Practitioner or Manager of the Nursing Home should notify the medical card section in the Local Health Office immediately by phone call and subsequently in writing.

To ensure accurate coding the Local Health Office will require the following information:

The patients correct medical card number.

The date the patient entered the nursing home.

When the patient is no longer a resident in the Nursing Home, either the Manager of the Nursing Home or the General Practitioner must immediately notify the medical card section so that the nursing home code can be removed from the medical card system. This can be done by telephone call followed by verification in writing.

Similarly in the event of a deceased patient, either the Manager of the Nursing Home or the General Practitioner must immediately notify the medical card section so that the patient can be removed from the medical card system. The most effective way of doing this is by telephoning the medical card section followed by written confirmation.

Where necessary ensure that a change of doctor form has been completed so that the patient is registered to the correct General Practitioner.

Completion of this form does not mean that the patient will be coded as a nursing home patient – you must also notify the medical card section as outlined above.

Patients are deemed ineligible for payment for the following reasons:

Patient does not have a valid medical card or the card was withdrawn prior to the start of the scheme.

Patient is not over 70 years of age.

Patient is not a resident of a Nursing Home registered with the Health Service Executive .

Patient is not a long-term resident of the Nursing Home (ie: resident for 5 weeks or more since the 1st July 2001).

Note: *As per the terms of the agreement the capitation rate will apply to patients aged 70 or over in private nursing homes (approved by the Health Service Executive) for continuous periods in excess of five weeks.*

Therefore it should be noted that from the time a patient is coded in the Local Health Office retrospective payment will be made 5 weeks following the date of coding.

Coding

Patients are coded in two different categories:

903 – A standard over 70's medical card patient in a private nursing home (approved by the Health Service Executive).

906 – An over 70's patient with automatic medical card eligibility in a private nursing home (approved by the Health Service Executive).

Asylum Seeker Payments

Background:

In July 2001 an agreement was reached between the Health Services Employers Agency (HSEA) and the Irish Medical Organisation (IMO) whereby a one-off superannuable registration fee be paid to the first General Practitioner in respect of each asylum seeker on their GMS list on or after the 1st April 2001.

The terms of the agreement have effect from 1st April 2001. In view of the date on which the agreement was reached it was not possible to have all the necessary administrative arrangements in place to ensure the full implementation of the agreement. Therefore the terms of the agreement including for payment purposes have retrospective effect nationally to the 1st April 2001.

Procedure for payment:

Any Asylum Seeker who receives a medical card will be coded automatically in the local Health Office the time of processing their medical card application.

This will generate an automatic payment to the General Practitioner via the Primary Care Reimbursement Service.

Eligible for payment:

Client must hold a medical card that was valid some time between 1st April 2001 and the present.

Must have registered first with the general practitioner claiming payment, ie: should not have been previously registered with another general practitioner. The once off payment is issued to the General Practitioner that the patient is first registered with.

Coding:

902 - Asylum Seeker

This code applies to Asylum Seekers only not Non-EU Nationals

Childhood Immunisation Claims Procedure

There are standard HSE Return Forms for the Primary Childhood Immunisation Programme. These return forms facilitate payment to GPs, and data collection on each child's immunisations.

Claims should be returned monthly to the Immunisation Section in the relevant Local Health Office and received by the **7th working day of the month**. This is essential to ensure prompt payment and accuracy in recording uptake statistics.

Computerised Returns

If sending your immunisation returns in computerised format it is necessary that all information requested on the standard immunisation returns forms, is fully reflected in the computerised immunisation return. **There must be a separate return form for each client. Each return constitutes an invoice for payment and must be signed and have a practice stamp in order to comply with financial regulations.**

If the client ID number as identified on the GP cohort list and the child's invitation letter is available, please include this number and the parent/legal guardian's name and date of birth on all immunisation returns, to facilitate update of the child's immunisation record on our database.

Parental Consent

The General Practitioner, prior to administering the vaccines, should obtain parental consent as stated in Section 2.3 (B) of the Primary Childhood Immunisation Contract. It is not necessary for the HSE to receive a copy of the consent for payments purposes.

Group Practices

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

If a practice wishes for all payments to go to one GP in the practice the relevant Local Health Office should be advised of this arrangement. The GP who is to receive payment should include his/her GP number and practice stamp on the claim form.

Cohort Lists

Nominated GP cohort lists are issued monthly from each Local Health Office. These lists include a unique child ID number. This unique number will also appear on the vaccination letter to parents. **We ask you to include this number on your claim form.**

Where a child presents for immunisation that is NOT on your cohort list, please ensure to include the Parent/Guardian name and date of birth on the return form.

MMR and Hib Booster vaccines

Best practice recommends that MMR and Hib Booster vaccines should not be given before the child's 1st birthday. No payment will issue for MMR or Hib Booster given before the child's 1st birthday unless the GP has been requested to do so as part of an outbreak control situation.

For children born on or after 01/07/08, best practice also recommends that PCV Dose 3 and Men C Dose 3 should not be given before the child's 1st birthday.

Payment for a complete course of primary immunisations includes payment for MMR, prior to its administration.

MMR must be given and notification of this, received in the Local Health Office before the child's 2nd birthday otherwise the system will deduct the relevant amount from the next payment to the nominated GP, as outlined in the contract for the Primary Childhood Immunisation Programme.

Payments Report

A Payments Detail Report will be sent monthly to your main practice address listing the name, address, date of birth, vaccination date, payment description and amounts, for your clients. The report will have an invoice number that can be matched to the remittance advice slip received with your cheque.

Changes in Primary Childhood Immunisation Programme Schedule

Please note that the Primary Childhood Immunisation (PCI) Schedule has changed for children born on or after 01/07/08. Children born prior to the 01/07/08 should complete their immunisations as per the old PCI schedule. Please refer to the information pack issued in conjunction with this change which gives details of the vaccinations for the old and the new PCI Schedules.

Please see below correspondence issued to GPs in this regard

25th August 2008

Dear Dr

A number of changes to the schedule under the Primary Childhood Immunisation Programme are planned for implementation in the current year.

The changes which are based on recommendations by the National Immunisation Advisory Committee involve;

- replacing the 5 in 1 vaccine with a 6 in 1 vaccine to include Hepatitis B vaccine
- the addition of Pneumococcal conjugate vaccine (PCV7)
- changes in the timing of Meningococcal C vaccine (Men C)
- changes in the timing of Haemophilus influenza vaccine (Hib)

All children born on or after 1st July 2008 will receive the following immunisation schedule

Age	Vaccine
2 months	6 in 1* + PCV
4 months	6 in 1 + Men C
6 months	6 in 1 + PCV + Men C
12 months	MMR + PCV
13 months	Men C + Hib

*6 in 1 Diphtheria, Haemophilus influenza B (Hib), Hepatitis B, Pertussis, Polio, Tetanus vaccine

The HSE as an interim arrangement, pending completion of the review of the GMS and other publicly funded schemes involving general practitioners, will make the following adjustments to the fee schedule;

A total interim payment of €61.05 will be paid made up of three payments of €20.35 per additional vaccine.

Up to date information on immunisation can be accessed on www.immunisation.ie

Medical Indemnity Refund Claims

Once a General Practitioner has signed a GMS contract and has a GMS number he/she is entitled to apply for a medical indemnity refund.

Procedure for claiming refund:

The following documentation must be submitted to the Primary Care Unit at the address below:

Confirmation of cover (MEDISEC Ireland)

or

Membership Certificate (Medical Protection Society)

or

Confirmation of Membership & Schedule of Professional Indemnity (MDU)

Note: *The above documentation must show the dates covered and the amount paid.*

The following documentation is not accepted:

Membership Card or Renewal Notice

A General Practitioner must have a minimum panel size of 100 patients to claim a refund.

Where to send your claim:

Primary Care Unit,
Health Service Executive,
2nd Floor Block E,
Westland Park,
Nangor Road,
Dublin 12.

Tel: 01 4609667

Fax: 01 4609697

Calculation of refund for Medical Indemnity

The percentage of the refund is based on the size of the panel of patients as shown.

Panel Size	% net amount of refund
100 – 250	10%
251 – 500	25%
501 – 1000	50%
1001 – 1200	75%
1201+	95%

Sample of calculation for refund

Panel Size: 530	
Medical Cover from: 01.07.02 to 31.06.03	
<i>Calculation:</i>	
(a) Doctor's premium (gross)	€2,000
(b) Multiplied by 90% i.e.: amount allowed by Revenue Commissioners	€1,800
(c) Tax Allowance (Marginal rate @ 41c in € on €	€ 756
(d) Net premium i.e.: amount at (a) less amount at (c)	€1,244
(e) Refund based on panel size i.e.: % of net premium	50%
Amount Due	€ 622

Indicative Drug Budgeting

Background

The Indicative Drug Budgeting Scheme was introduced in 1993. Its aim was to introduce measures to curtail spiralling GMS prescription costs through greater emphasis on rational, cost effective and quality prescribing by General Practitioners. General Practitioners were allocated an annual drug target by the Primary Care Reimbursement Service. Where possible, General Practitioners prescribe generic brands in order to meet their targets. However this is not always possible and prescribing remains at the discretion of the General Practitioner in the exercise of their clinical judgement. Certain drugs are not costed against a General Practitioners target; these include statins and budget neutral drugs.

Investment can be utilised towards the following developments:

- **Improvements to practice premises.**
- **Information technology and improved practice information/record systems.**
- **Clinical Equipment.**
- **Improved organisational arrangements at local level.**
- **Recruitment of primary care expertise on fixed term contract.**
- **Research.**
- **Education & Training.**
- **Updating Medical Records.**
- **Provision of designated Women's Health Clinic.**
- **Health Promotion Initiatives.**
- **Additional General Practitioner Service.**
- **Staff Uniforms.**

Procedure for submitting a Claim

The prior approval of the Health Service Executive must be sought before any expenditure incurred can be reimbursed to the General Practitioner.

Proposal/Application form is submitted by the General Practitioner (including architect plans & planning permission where applicable)

Submission is reviewed by administrative staff within the Primary Care Unit and some proposals may need to be discussed at the IDB review committee.

Provisional approval is given / refused.

On completion of developments/purchase of items – original certificates/receipts must be submitted for expenditure incurred.

Payment is approved and forwarded to the General Practitioner.

Note:

Since December 2005 a freeze has been placed on this scheme. Therefore the original methodology and incentive scheme is not in operation. However, General Practitioners can currently draw down on accumulated savings for practice development.

Where to obtain application forms and send your claim:

Primary Care Unit,	Nangor Road,
Health Service Executive,	Dublin 12.
2 nd Floor Block E,	Tel: 01 4609667
Westland Park,	Fax: 01 4609697

APPLICATION FORM

Proposal For Investment Of Indicative Drug Budget Savings For Practice Developments

Doctors Name(s): _____ GMS No: _____

Practice Address (where proposed development is to take place):

Proposed Developments:

Proposed Work	Tick Relevant Category	Estimated Cost
Practice Premises – Section C		
Information technology and improved practice information/record systems		
Clinical Equipment		
Staff Uniforms		
Improved organisational arrangements at local level		
Recruitment of primary care expertise on fixed term contract		
Research		
Education and Training		
Updating Medical Records		
Provision of designated Women's' Health Clinic		
Health Promotion Initiatives		
Additional General Practitioner Service		
Other		

SECTION C

Please give full details of the proposed practice developments specified above: (Use separate page if you require more space) Submit architect plans/estimates where possible.

Upon receipt of confirmation from the HSE that your proposal has been accepted, you may proceed with the work to be done or with purchasing the specified items.

Doctor Signature(s): _____

Date: _____

Return to: Primary Care Unit, Health Service Executive – South Western Area, Block E, Westland Park, New Nangor Road, Clondalkin, Dublin 12

Health (Amendment) Act 1996 – Hepatitis C

The HAA card is given to persons who contracted Hepatitis C from the administration within the State of blood or blood products. It is not the same as a medical card. The HAA card is personal to the individual cardholder and does not cover family members. A cardholder is entitled to all general practitioner medical and surgical services, in relation to all medical conditions, provided by a registered medical practitioner chosen by the cardholder.

How to apply for a HAA Card:

Persons wishing to apply for a HAA card may request an application form from the Hepatitis C Liaison Officer in the Primary Care Unit at the address below. Completed applications are returned to the Liaison Officer, together with documentary evidence confirming that the patient is positive to the Hepatitis C virus/antibodies as a result of receiving whole blood/blood products within the state.

Remuneration:

Doctors are remunerated for treating HAA cardholders per client visit and not on the basis of an annual capitation fee. Therefore a Special Treatment Services form should be signed by the client to enable the General Practitioner to be remunerated in respect of the consultation. The forms are supplied by the Primary Care Reimbursement Service, and returned there when making claims.

It is important that General Practitioners write prescriptions on a private prescription form and **not on** the form used for medical card prescriptions. A patient is entitled to have these prescriptions dispensed by a Pharmacist.

Ann Tiernan Hepatitis C Liaison Officer,

Primary Care Unit,
Health Service Executive,
2nd Floor Block E,
Westland Park,
Nangor Road,
Dublin 12

Tel: 01 – 4609671

Fax: 01 - 4609697

Palliative Care Claims

The scheme provides for a payment to be made to General Practitioners (**both GMS & Non-GMS**) who provide domiciliary care for the final phase of the following terminal illnesses.

Advanced Cancer

Terminal H.I.V.

Progressive neurological conditions – i.e.: motor neurone disease.

Both private and GMS patients are eligible for the scheme.

The general practitioner receives a payment when palliative care has ended which is based on the date of the patients death (minus tax).

Palliative Care Payment Rates:

Date	%	Increase IR £	Rates EURO €
01.08.93		100	126.97
01.06.94	2	102	129.51
01.06.95	2	104.04	132.21
01.06.96	1.5	105.60	134.09
01.10.96	1.5	107.18	136.10
01.01.97	1	108.26	137.46
01.07.97	2.5	110.96	140.89
01.04.98	2.5	113.74	144.42
01.07.98	2.25	116.30	147.67
01.07.99	1.5	118.04	149.88
01.04.00	1	119.22	151.38
01.10.00	5.5	125.78	159.71
01.04.01	2	128.29	162.90
01.10.01	5.5	135.35	171.86
01.10.02	4	140.76	178.73
01.01.04	3	144.99	184.09
01.07.04	2		187.77
01.12.04	2		191.53
01.06.05	1.5		194.40
01.12.05	1.5		197.32
01.06.06	2.5		202.25
01.12.06	3		208.25
01.06.07	2		212.48

Procedure for claiming payment:

When a general practitioner commences palliative care he must complete the notification form (green) and forward to the primary care unit at the address below.

When palliative care ends i.e.: on the death of the patient the general practitioner must complete the claim form (blue) and forward to the primary care unit at the address below.

Where to obtain forms and send your claim:

Primary Care Unit,	Nangor Road,
Health Service Executive.	Dublin 12
2 nd Floor Block E,	Tel: 01 4609667
Westland Park,	Fax: 01 4609697

Annual Leave

The scheme provides for a payment to be made via the Primary Care Reimbursement Service to General Practitioners in respect of Annual Leave. The entitlement of annual leave days is based on the General Practitioners panel size as outlined in the table below:

Panel Size	No of entitled Annual Leave Days.
100	14
200	16
300	18
400	20
500	21
600	22
700	23
800	24
900	25
1000	28
1100	29
1200	30
1300	31
1400	32
1500	35

The annual leave year runs from 1st April to 31st March each year.

In order to submit a claim for annual leave an ALF/1 form must be submitted to the Primary Care Unit.

Completion of ALF/1 Form:

When applying for sick/study/annual leave:

Section A is completed by the GP and then forwarded to Primary Care Unit
HSE Dublin Mid-Leinster, 2nd Floor Block E, Westland Park, Nangor Road
Dublin 12.

Section B is completed and approved in the Primary Care Unit. On approval of this leave the HSE will retain part 1 and return parts 2, 3, and 4 to the GP.

Section C is completed by the named locum

Section D is then completed by the GP. The GP retains part 4. GP then forwards parts 2 and 3 to the Primary Care Reimbursement Service, Exit 5 M50, North Road, Finglas, Dublin 11, to process for payment.

Please note that the form must be fully completed to include name and signature of Locum Practitioner before payment can be made by the Primary Care Reimbursement Service

Study Leave

The scheme provides for a payment to be made via the Primary Care Reimbursement Service to General Practitioners in respect of Study Leave.

A General Practitioner must have a minimum panel size of 100 patients in order to claim study leave.

Study leave is claimed based on sessions. A half-day is considered to be one session. Certificates will usually indicate how many sessions for payment.

In order to submit a claim for study leave an ALF/1 form must be submitted along with certificates of attendance at courses to the Primary Care Unit **with detailed name and signature of locum Practitioner.**

Where to obtain forms and send your claim:

Primary Care Unit,
Health Service Executive.
2nd Floor Block E,
Westland Park,
Nangor Road,
Dublin 12
Tel: 01 4609667
Fax: 01 4609697

Sick Leave

The General Medical Services Scheme provides for a payment to be made to General Practitioners via the Primary Care Reimbursement Service in respect of sick leave.

The Sick Leave Payment is based on a rolling four year period.

Entitlements for General Practitioners whose panel size is between 100 – 700:

The General Practitioner will receive full capitation payment for first 6 months.

The General Practitioner will receive half the capitation payment for remaining 6 months.

Locum payment if panel is less than 700 patients is based on the capitation payment to the General Practitioner.

E.g.: If monthly capitation payment to General Practitioner = € 4,000 in the month of December & General Practitioner takes 1 day sick leave in this month – the following is the calculation for payment to locum:

Capitation divided by number of days in the month = Daily payment. Daily payment multiplied by number of days sick leave = Payment to locum.

Using example above: *€ 4,000 capitation divided by 31 days = € 129.03 daily payment, multiplied by 1 day sick leave = € 129.03 daily payment for locum.*

Payment will not exceed the locum rate (currently €239.78) per day if on full pay for sick leave.

Entitlements for General Practitioners whose panel size is greater than 700:

The General Practitioner will receive full capitation payment for first 6 months.

The General Practitioner will receive half the capitation payment for remaining 6 months.

Locum receives a payment per day (currently €239.78)

How to make a claim for Sick Leave:

In order to submit a claim for sick leave an ALF/1 form must be submitted along with sick leave certification to the Primary Care Unit at the address below.

Following approval the Primary Care Unit will retain Part 1 of the ALF/1 form. Parts 2, 3 & 4 are returned to the claiming General Practitioner. The General Practitioner forwards parts 2 & 3 to the Primary Care Reimbursement Service and retains Part 4 for their own records.

Please note that the form must be fully completed to include name and signature of Locum Practitioner.

Where to obtain forms and send your claim:

Primary Care Unit,
Health Service Executive – South Western Area.
2nd Floor Block E,
Westland Park,
Nangor Road,
Dublin 12.

Maternity Leave

The General Medical Services Scheme provides for a payment to be made to General Practitioners via the Primary Care Reimbursement Service in respect of maternity leave.

The Maternity Protection Act 1994 and the Maternity Protection (Amendment) Act 2004 provide your statutory minimum entitlements in relation to maternity at work including maternity leave.

If you start maternity leave on or after 1 March 2007, you are entitled to 26 weeks' maternity leave, together with 16 weeks' additional unpaid maternity leave. If your maternity leave started before 1 March 2007 you are entitled to 22 weeks' maternity leave. If you started the additional unpaid maternity leave before 1 March 2007 you are only entitled to take an additional 12 weeks' unpaid maternity leave.

Entitlements for General Practitioners whose panel size is between 100 – 500:

Maternity leave is paid based on the capitation that the General Practitioner receives. E.g.: if a panel size = 350 patients which provides a capitation payment of €3,000 per month the General Practitioner will receive the normal monthly €3,000 capitation and also another € 3,000 for the locum payment.

Entitlements for General Practitioners whose panel size is greater than 500:

General Practitioner is paid normal monthly capitation for 26 weeks.
Locum receives a payment per day (currently €239.78 per day).

In addition to the current standard 26 weeks maternity leave a General Practitioner with a panel of 100 or more who is approved by the Health Service Executive for maternity leave may also avail of additional weeks on grounds analogous to those in the Maternity Protection Act 1994 and the Maternity Protection Amendment Act 2004.

How to make a claim for Maternity Leave:

In order to submit a claim for maternity leave an MLF/1 form must be submitted to the Primary Care Unit at the address below for approval.

Following approval the Primary Care Unit will retain Part 1 of the MLF/1 form. Parts 2, 3 & 4 are returned to the claiming General Practitioner. The General Practitioner forwards parts 2 & 3 to the Primary Care Reimbursement Service and retains Part 4 for their own records.

Please note that the form must be fully completed to include name and signature of Locum Practitioner.

Where to obtain forms and send your claim:

Primary Care Unit,
Health Service Executive – South Western Area,
2nd Floor Block E,
Westland Park,
Nangor Road,
Dublin 12.

Tel: 01 4609667

Fax: 01 4609697

Practice Support Subsidies – Patient Weighting.

Practice Support Subsidy Rates as of the 1st June 2007:

The payment of a subsidy towards the cost of employing a practice nurse and/or a practice secretary is provided for in DOH circular 5/89.

Payment is made to participating doctors with a panel size of at least 100 patients and payment will increase in bands of 100 with a maximum payment applicable at a panel size of 1,200. The subsidy rate applies to those staff employed on a full time basis and for staff not employed on a full time basis payment is made on a pro-rata basis.

GP's in partnerships or group practices may aggregate their panels when making an application for a subsidy. However in no circumstances shall a partnership or group practice qualify for a subsidy in respect of more than one practice secretary/practice manager and/or practice nurse per contracting doctor in the practice. A G.P can be paid a subsidy in respect of both a practice secretary and a practice nurse where the same person carries out both duties. However in such cases the amount of the subsidy payable will be appropriate to the hours worked.

Practice managers can be employed by group practices by using unused practice nurse allowance but there must be a nurse already employed by the group practice.

Secretary:

Fee Category Description	Fee Rate
Secretarial Subsidy 1yrs Experience	€22,694.31
Secretarial Subsidy 2yrs Experience	€24,585.51
Secretarial Subsidy 3yrs+ Experience	€26,476.69

Practice Nurse:

Fee Category Description	Fee Rate
Nursing Subsidy 1yrs Experience	€34,041.47
Nursing Subsidy 2yrs Experience	€35,932.65
Nursing Subsidy 3yrs Experience	€37,823.85
Nursing Subsidy 4yrs+ Experience	€41,606.24

Practice Manager

Fee Category Description	Fee Rate
Practice Manager Subsidy	€34,041.46

Under the terms of the July 2001 Over 70's agreement, all GMS patients over 70 attract a weighting of 3:1 for the purposes of calculating panel size for Practice Nurse/and or Secretary allowances.

You can obtain PSN1 Forms from the Primary Care Unit and theses forms must be returned to the Primary Care Unit for processing:

Primary Care Unit,
Health Service Executive – South Western Area,
2nd Floor Block E,
Westland Park,
Nangor Road,
Dublin 12.

Tel: 01 4609667

Fax: 01 4609697

Computer Start-Up Grant:

A once off grant per General Practitioner of €2,539 is available towards the cost of practice computerisation. An application form must be completed and payment is subject to the submission of original receipts for expenditure incurred.

Payment covers the following:

Hardware purchasing costs – Hardware must comply with guidelines issued by the ICGP and Department of Health.

Software purchasing costs – Software must be accredited for use in general practice.

Cabling Costs.

Modem Costs.

Where to obtain forms and send your claim:

Primary Care Unit,
Health Service Executive,
2nd Floor Block E,
Westland Park,
Nangor Road,
Dublin 12

Tel: 01 4609667

Fax: 01 4609697

Nurse Start Up Grant:

A once off grant of €3,809 is available per practice in respect of preparation for the employment of a practice nurse, e.g. purchase of equipment.

Funding is for the employment of a nurse in a practice for the first time.

The nurse must be registered with An Bord Altranais.

An application form must be completed and payment is subject to the submission of original receipts for expenditure incurred or in respect of work completed.

Where to obtain forms and send your claims:

Primary Care Unit,
Health Service Executive,
2nd Floor,
Block E,
Westland Park,
Nangor Road,
Dublin 12.

Tel: 01 4609667

Fax: 01 4609697

List of Patient Codes

Code	Patient Category	Rate of Payment
000	No specific category. This is used for patients who do not fall into one of the categories listed below.	Capitation is weighted per person based on gender, age and distance from the doctor's practice.
901	An Over 70's patient (New Over 70's Patient) who receives a medical card for the first time on or after the 01.07.2001 – acquires a card rather than being means tested.	€ 640.00 pa
902	Asylum Seeker	Once off registration fee of € 185.45 per relevant client to be paid to the initial G.P that the patient is assigned to as of the 1 st April 2001.
903	A Standard Over 70's Medical Card Client in a private nursing home (approved by the Health Services Executive) and where the G.P is not receiving payment from any alternative source.	€ 927.00 pa
904	A patient who is in a state medical, nursing or care facility where medical facilities are provided. GP's will not receive capitation for these patients.	No Payment
905	901 & 902 combined.	
906	901 & 903 combined. A New Over 70's client with Automatic Medical Card Eligibility in a private nursing home (approved by the Health Services Executive) and where the G.P is not receiving payment from any alternative source.	€ 927.00 pa
907	901 & 904 combined.	No Payment
908	Discretionary Medical Card	Payment is based on 000 category above - Capitation is weighted per person based on gender, age and distance from the doctor's practice.

Medical Card Scheme and Doctor Visit Card

A patient, who holds a Medical Card, is entitled to the following services free of charge:

G.P Services.

Approved prescribed drugs and medicines.

Public hospital services.

Dental, optical and aural services.

Maternity services.

A range of community and personal social services.

Application forms are usually available in local Health Office and should be submitted to the Medical Card Section of the patients local Health Office.

Entitlement to a Medical Card:

General Eligibility – a patient may be eligible for a Medical Card if they are 16 or over, living in Ireland and, in the opinion of the Health Service Executive, “unable without undue hardship to arrange general practitioner, medical and surgical services for themselves and their dependents”.

People over 70: patients who are aged 70 or over, are entitled to a Medical Card regardless of their income.

Retention of eligibility – a patient may be entitled to retain their Medical Card, even though they no longer meet the usual criteria, if they go on to certain back to education and training courses, back to work schemes or take up employment.

How General Eligibility is decided:

Most Medical Cards are granted on the basis of a means test and/or medical need. The Health Service Executive agrees income guidelines at regular intervals broadly in line with inflation. If a patient's income is above the guideline figure, then usually they do not qualify for a Medical Card but they may do so if there are exceptional medical circumstances or if they suffer undue financial hardship. Each individual case is decided on its merits but a patient may qualify if their income is not much above the guideline figure and their medical costs are exceptionally high.

Doctor Visit Card

Doctor Visit Card holders are entitled to the services of a GP free of charge.

The income guidelines are 50% higher than the medical card.

Anyone can apply for a Doctor Visit Card or a Medical Card, families, single people and even those working full time.

The Doctor Visit Card is means tested.

One application form is now used for both Medical Cards and Doctor Visit Cards.

The HSE will assess each application for a full medical card in the first instance and then for Doctor visit card.

Application forms are available in Local Health Office.

Medical Card / GP Visit Card Guidelines

The Chief Executive Officer of the Health Service Executive has agreed the following Income Guidelines to assist staff in the assessment of eligibility for Medical Cards and GP Visit Cards

	Medical Card Weekly Rate October 2005	GP Visit Card Weekly Rate June 2006
Single Person Living Alone		
Aged up to 65 years	€184.00	€276.00
Aged between 66-69 years	€201.50	€302.00
Single Person Living with Family		
Aged up to 65 years	€164.00	€246.00
Aged between 66- 69 years	€173.50	€260.00
Married Couple / Single Parent Families with Dependent Children		
Aged up to 65 years	€266.50	€400.00
Aged between 66 - 69 years	€298.00	€447.00
Aged between 70 - 79 years	* €596.50	* €895.00
Aged 80 years and over	+ €627.00	+ €940.50
Allowances		
Allowance for first 2 children under 16 financially dependant on applicant	€38.00	€57.00
For 3 rd and subsequent children under 16 financially dependant on applicant	€41.00	€61.50
Allowance for first 2 children over 16 years financially dependant on applicant	€39.00	€58.50
For 3 rd and subsequent children over 16 yrs financially dependant on applicant	€42.50	€64.00
For a dependant over 16 years who is in full time third level education and not grant aided	€78.00	€117.00

* Medical Card guidelines are revised at regular intervals.

These income guidelines should be read and implemented in conjunction with “The National Medical Card Assessment Guidelines”.

Applicants, whose weekly incomes are derived solely from Social Welfare or Health Service Executive payments, which are in excess of the CEO’s Financial Guidelines (either at first application or on renewal), will be granted medical cards.

All persons aged 70 years and over are entitled to apply and be issued with a medical card regardless of income. This medical card covers the applicant only.

Where a person’s assessable income is in excess of these guidelines the case will be dealt with individually on its merits.

The European Health Insurance Card.

As an Irish resident you are entitled to get healthcare through the public system in countries of the European Union (EU), European Economic Area (EEA) or Switzerland if you become ill or injured while on a temporary stay there.

Until now you needed an E111 or E128 form to get such treatment. These forms have now been replaced since the 1st June 2004 by the European Health Insurance Card. One Card is needed for each individual or each member of the family. The card does not cover the cost of treatment in a private setting.

Apply for the European Health Insurance Card if you:

Plan to go on holiday to another EU/EEA country or Switzerland.

Regularly visit any of these countries, for example on business, as a transport worker or for leisure.

Plan to go to any of these countries to seek work.

Are being sent by your employer to work in any of these countries temporarily but will continue to pay tax in Ireland.

Intend to undertake a course of study in any of these countries but still consider yourself as ordinarily resident in Ireland.

Intend to visit any of these countries for any other type of temporary stay where healthcare in itself is not the aim of the visit.

Travelling to Great Britain or Northern Ireland:

You don't need a European Health Insurance Card to get necessary healthcare while on a temporary visit to the U.K. It is enough to show proof that you are ordinarily a resident in Ireland, i.e.: driving license or passport.

A patient visiting Ireland from the UK who has NHS cover: The G.P can claim payment for seeing this patient on an STC form using the code "C" visiting from another country.

Primary Care Reimbursement Service Website – www.ssprcs.ie

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

E128: EU Administration Commission Decision No 165 of 30th June 1997 provides for the introduction of full health cover in EEA member states for certain workers & their dependents who accompany them abroad, and also for students & their dependents who accompany them abroad for the duration of a course of studies.

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

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

European Health Insurance Card Website – www.ehic.ie

Visitors to Ireland:

Visitors can attend any G.P who is contracted to the General Medical Services Scheme.

Treatment is provided free of charge by GMS doctors to all those who are eligible under EU regulations.

Prescription medicines must be dispensed by a GP in the public system (GMS Doctor) who will use a special prescription form to indicate to the pharmacist that the medicine is to be provided free of charge.

Further information can be obtained from:

The European Health Insurance Card Website: www.ehic.ie

The European Health Insurance Card Information Line - Phone: 1800 201698.

Drug Payments Scheme

This scheme provides cover towards the cost of prescribed medication for families and individuals. Under the scheme no individual or family will have to pay more than €90 in any calendar month for approved prescribed drugs, medicines and appliances.

Family expenditure covers the nominated adult, his/her spouse and children under 18 years of age. Dependents over 18 and under 23 years of age who are in full time education may also be included on furnishing proof. A dependent with a physical disability or a mental handicap or illness, who cannot maintain himself/herself, who resides in the family home and who does not hold a medical card may also be included in the family expenditure under the scheme.

Eligibility: Anyone who ordinarily resides in Ireland providing they do not hold a medical card is eligible. The Drugs Payment Scheme can be used with a Long Term Illness Book (See details over next page).

Application Procedure: Application forms can be obtained from the local Health Office. The form should then be completed by either an individual applicant or in the case of a family by a nominated adult member of the family. It is important to include each person's Personal Public Service Number (PPSN) on the form. (This is the same as the RSI number). When the application form is complete, it should then be returned to the DPS office in the Local Health Office. Once the application is processed each person named on the application will receive a plastic DPS card.

How to use the scheme: Once a person receives their DPS card they must present it at the pharmacy along with their prescription. Pending the introduction of a facility whereby pharmacists can access a central database to confirm amounts already paid, all members of a family should use the same pharmacy throughout a month to obtain prescribed medication.

Long Term Illness Scheme

Who is Eligible?

Any person who has one of the following illnesses, that is not included on a current Medical Card, and is an ordinarily resident in Ireland with a PPS number.

- Mental Handicap
- Mental Illness (for persons under 16 years only).
- Phenylketonuria
- Cystic Fibrosis
- Spina Bifida
- Hydrocephalus
- Diabetes Mellitus
- Diabetes Insipidus
- Haemophilia
- Cerebral Palsy
- Epilepsy
- Multiple Sclerosis
- Muscular Dystrophies
- Parkinsonism
- Acute Leukaemia in children.
- Conditions arising from the use of Thalidomide.

Drugs, medicines and certain approved appliances prescribed for the treatment of the above conditions is supplied free of charge irrespective of the patients means. The LTI Card holder must pay for the doctor's services.

Certain minor appliances are available directly on the Long Term Illness Booklet and other approved appliances through the Local Health Office.

Children are also eligible for hospital in-patient and out-patient services, free of charge, for the treatment of the following illness:

How to Apply:

A person with one or more of the conditions listed above or the parent of a child suffering from one or more of these conditions, who wishes to avail of the services, should contact their local Health office.

On completion of an application, a Long-Term Illness Booklet with registered number is issued which the client presents to the pharmacist when having a prescription filled.

Maternity and Infant Care Scheme:

The Maternity and Infant Care Scheme provides an agreed programme of care, free of charge, to all expectant mothers who are ordinarily resident in Ireland and to her new born baby six weeks after birth. If the expectant mother chooses to avail of services under the scheme she will be under the care of both a General Practitioner (GP) of the expectant mothers choice, who has an agreement with the Health Service Executive (HSE) to provide such services, and a hospital obstetrician.

Once a GP has confirmed the pregnancy, the GP will provide the expectant mother with an application form which both GP and expectant mother completes and the form should be returned her local health centre listed below. The form will be then processed to confirm her inclusion in the scheme.

Clients living in Dublin South City, Dublin South West and Dublin West should return their completed application forms to:

**The Maternity and Infant Care Scheme,
HSE Dublin South City, Carnegie Building, 21/25 Lord Edward Street, Dublin2. Phone: 01 – 6486524**

Clients living in Kildare West Wicklow should return their completed application forms to:

**The Maternity and Infant Care Scheme,
Athy Health Centre, Woodstock Street, Athy, Co Kildare.
Phone: 059 – 8633513.**

A GP must hold a Maternity & Infant Scheme Contract. A GP can apply in writing for a contract to the:
Primary Care Unit,

Block E,
Westland Park,
New Nangor Road,
Dublin 12.
Tel: 01 4609667
Fax: 01 4609697

Methadone Scheme.

The Methadone Protocol Scheme is a national system for safe delivery of methadone treatment in General Practice. It is a Department of Health Scheme supported by the ICGP. The scheme is designed to help General Practitioners prescribe safely for their patients. Methadone Treatment Services are provided free of charge.

The key components of the scheme are as follows:

In order to participate a Doctor must complete a half days training programme which is run by the ICGP.

Doctors must agree to ongoing audit and training.

Doctors are classified as level 1 or level 2 based on their experience.

Level 1 Doctors cannot initiate methadone but may only accept stable patients from a drug clinic.

Level 2 Doctors may initiate methadone treatment.

Level 1 Doctors are paid €152.26 per patient per month.

Level 2 Doctors are paid €167.93 per patient per month.

The maximum number of patients for level 1 is 15 and 35 for level 2 and a total of 50 patients per practice.

Patients are given a unique photo I.D which is required before methadone is dispensed. General Practitioners are guaranteed that if they experience difficulty with any protocol patient that they can transfer the patient to a drug clinic immediately.

Further information on the scheme can be obtained from either your local G.P Co-ordinator via your local Addiction Service Headquarters or from Dr. Ide Delargey at the ICGP.

Dental & Orthodontic Services

Services are provided under the Dental Treatment Services Scheme by the Health Service Executive's Dental Surgeons at local clinics and by private practitioners who are under contract to the HSE.

Dentist of choice is selected from the list which is available from local Health Service Executive Dental Clinics.

Medical Card Holders:

All Dental Treatment including routine dental treatment, emergency dental treatment and denture treatment.

Children who are Eligible:

All children under six years of age.

All children attending National School.

All children under 16 years of age who have attended National School.

Routine Treatment:

Pre-school children are referred for treatment by the Area Medical Officer in respect of problems noticed at Child Health Clinics. The routine service for pre-school children is generally an educational one for parents. Children attending National School are screened in 2nd, 4th and 6th class and referred for treatment if necessary to the local dental clinic.

Where possible children up to the age of 16 who have attended National School are recalled to the clinic for treatment in the second year after completing National School.

Emergency Treatment:

Emergency services are available to all eligible children without an appointment, at any Health Service Executive Dental Clinic on any day on which the clinic is open.

Orthodontic Services:

The Orthodontic Services for the Health Service Executive – Dublin Mid Leinster is located at St. James's Hospital, James's Street, Dublin 8. Patients are referred for assessment through the Community Dental Service, generally following routine primary school visits. Patients may also be referred through medical specialities, Speech and Language, Pathology Departments, Dublin Dental Hospital, other Regional Orthodontic Departments and from public dental services overseas.

Patients referred to the service are assessed using the 1995 Department of Health and Children guidelines. The Department of Health and Children guidelines deal mainly with growth and development of the jaws and correction of facial abnormality. The treatment is free of charge for qualifying patients.

Chiropody Service

The Health Service Executive provides a Chiropody Service to medical card holders over 65 years old to help maintain mobility.

Services Provided Registered:

Four free visits per year are provided to a Chiropodist of the patient's choice from the list of registered Chiropodists who have a contract with the Health Service Executive.

Domiciliary service is available where necessary.

Access to Services:

Application forms are available from the Public Health Nurse or through the Local Health Office.

Opthalmic Services

Medical Card Holders are entitled to sight testing and the supply of spectacles, where required, free of charge. The service is provided by private opticians, who have a contract with the Health Service Executive.

Opthalmic services are available free of charge to children under six years of age in respect of problems noticed at Child Welfare Clinics and to children attending National School in respect of problems noticed at School Health Examinations.

Services Provided:

Sight testing.

Supply of spectacle frames.

Supply of lenses including bifocals.

Repairs to spectacles.

Contact lenses or tinted lenses are supplied, if required, on medical grounds.

A Domiciliary Service is available to persons who are unable to travel to the Optician's surgery.

Access to Services:

Medical Card Holders who are entitled to services under the Optical Benefit Scheme operated by the Department of Social and Family Affairs should submit an application form to the Department of Social and Family Affairs first to check their entitlement under this scheme. If a person is not eligible under this scheme, they should submit an application form to their Local Health Office. An authorised form to attend the optician of choice is then issued.

Access to Services for Children:

Prescriptions/referral letters obtained from an Ophthalmologist should be submitted to the Local Health Office for the area in which the child's school is located.

Opthalmic services for pre-school children can be obtained by arranging for a hospital appointment with an Ophthalmologist either through the Public Health Nurse in the local Health Office or through the child's General Practitioner.

If a prescription for spectacles is issued by the Ophthalmologist, it should be presented at the Local Health Office who will issue an order form for a dispensing optician. Certain kinds of glasses are free. If a more expensive pair is chosen the Health Service Executive will contribute an amount and the family must pay the balance.

Information Leaflet Symphysiotomy

Symphysiotomy is a surgical procedure carried out to effect an immediate dramatic increase in the size of the pelvic outlet to permit normal delivery of a baby. The procedure involves the surgical division of the cartilage of the symphysis pubis (where the pubic bones come together).

Research has shown that the procedure of symphysiotomy was performed from the early 20th century. This was at a time when caesarean section had a high mortality rate due to sepsis (blood poisoning) and symphysiotomy was regarded as a life-saving measure for both mother and baby. Between the 1950s and 1980s symphysiotomy was gradually replaced by the modern caesarean section, as antibiotics were available by then to treat infection and sepsis was less of a hazard.

Some patients who underwent the procedure have complained of suffering after effects, which have included the following;

- Permanent backache
- Difficulty in walking
- Extreme pain
- Incontinence
- Bowel problems
- Trauma and Psychological effects

The Health Service Executive and the Department of Health and Children in partnership with a representative group of patients who underwent this procedure agreed to put in place a range of measures to deal with patients who may have concerns regarding this procedure.

The measures include the following:

- Liaison Personnel have been appointed in each Local Health Office and in the Voluntary Hospitals in the Eastern Region
- Counselling will be offered to women who have had a Symphysiotomy if requested.
- Clinical assessments and/or advice will be offered to Symphysiotomy patients where requested, including a Home Assessment by an Occupational Therapist or Physiotherapist.
- Appointments for follow-up care following assessment will be fast tracked where possible.
- Patients who underwent this procedure have been granted full GMS eligibility on medical grounds and are issued on application with a specific patient identifier services card from the Primary Care Reimbursement Service.
- A refund of medical expenses related to symphysiotomy will be made where necessary to patients in respect of medication/private treatments required to address the effects of symphysiotomy

If you or any of your patients/clients have concerns regarding this procedure and would like any further information you may contact the Liaison person in your HSE area. The details of the Liaison personnel are outlined overleaf:

Liaison Personnel – HSE

Name	Address	Contact Details
Elaine Aughey	HSE – North East, Gilligan House, Dundalk, Co. Louth.	042 - 9381384 elaine.aughey@hse.ie
Jennifer Feighan	HSE – National Hospitals Office, Mill Lane, Palmerstown, Dublin 20.	01 - 6201624 jennifer.feighan@hse.ie
Paula Keating	HSE, Unit 2, Primary Care Unit Swords Business Campus, Balheary Rd., Swords, Co. Dublin	01 8131885 paula.keating@hse.ie
Ann Moore	HSE - Primary Care Unit, Block B, Civic Centre, Main Street, Bray, Co. Wicklow	(01) 2744339 ann.moore3@hse.ie
Philomena Tracey	HSE - Primary Care Unit, Block E, Westland Park, Nangor Road, Dublin 12.	(01) 4609670 philomena.tracey@hse.ie

Contact Detail for the Primary Care Unit

Valerie Whelan – Primary Care Manager, Phone: 01 – 4609677.
Mary Greevy – Office Manager, Phone: 01 - 4609687
Ann Tiernan – Hepatitis C Liaison Officer, Phone: 01 - 4609671.

Philomena Tracey Phone: 01 - 4609670

Supervisor
Survivors of Symphysiotomy (SOS) Liaison Officer.
GMS Contracts.
Maternity Contracts
Vaccinations.

Nicola O'Hara Phone: 01 – 4609667

Jennifer Curtis Phone: 01 - 4609694

Indicative Drug Budgeting.
Clinical Waste Collection.
Practice Nurse Start Up Grant.
Computer Start-Up Grant.
Freedom of Information Requests
Secretarial/Practice Manager Subsidies.
Annual Leave/Study Leave/Sick Leave/Maternity Leave/Paternity Leave Claims.
Medical Indemnity Claims.
Palliative Care Claims.
Womens Health Claims.
Nursing Home Arrears.
Accounts.

Rita Lawlor: Phone: 01 – 4609686. Fax: 01 – 4609697.

- Professional Development Coordinator – For Practice Nurses and Acting Cardiovascular Nurse Facilitator.

Address:

Primary Care Unit,
Health Service Executive – South Western Area,
Block E,
Westland Park,
Dublin 12.

HOSPITALS

Hospital

Telephone Number

Adelaide and Meath Hospital Incorporating the National Childrens Hospital.	01 4142000
Baggot Street Community Hospital	01 6681577
Beaumont Hospital	01 8093000
Blackrock Clinic	01 2832222
Bon Secours Hospital	01 8065300
Cappagh National Orthopaedic Hospital	01 8341211
Childrens Hospital Temple Street	01 8748763
Childrens Hospital Crumlin	01 4096100
Clonskeagh Hospital	01 2697877
Clontarf Orthopaedic Hospital	01 8332521
Coombe Womens Hospital	01 4085200
Dental Hospital	01 6127200
Eye and Ear Royal Victoria Hospital	01 6644600
James Connolly Memorial Hospital	01 6465000
Mater Misericordiae Hospital	01 8032000
Mater Private Hospital	01 8858888
Mount Carmel Hospital	01 4922211
National Maternity Hospital, Holles Street	01 6373100
Naas General Hospital	045 - 897221
Peamount Hospital	01 6010300
The Rotunda Maternity Hospital	01 8730700
St Brendans Hospital	01 8385844
St Columcilles, Loughlinstown	01 2825800
St James Hospital	01 4103000
St Vincents Hospital, Elm Park	01 2694533
St Vincents Private Hospital	01 2695622

Hospitals and Homes for Older Persons

Hospital / Home	Telephone Number
Baltinglass District Hospital	059 6481255
Bru Chaoimhin, Cork Street	01 4156500
Bellvilla Community Unit (South Circular Road)	01 4548033
Cherry Orchard Hospital	01 6264702
Meath Community Unit	01 7077900
Drogheda Memorial Hospital	045 441270
St Brigids Home Crooksling	01 4582123
St Vincent's Hospital, Athy	059 8631614

USEFUL NUMBERS

ALBA Counselling Service

2 McElwain Terrace
Newbridge
Co Kildare
Free phone: 1800235234
Tel: 045 448176

Breast Check

Central Office,
Kings Inn House,
16 Parnell Street,
Dublin 1.
Tel: 01- 8659300.
Free phone: 1800 454545
Web site: www.breastcheck.ie

Community Mothers Programme

Park House
North Circular Road
Dublin 7
Tel: 8387122

Department of Health and Children

Hawkins House
Dublin 2
Tel: 6354000
Fax: 6354001
Email: customerservices@health.irgov.ie
Website: www.doh.ie

First Time Homeless:

Emergency Accommodation:
Free phone: 1800 724724
Drop In Centres:

Men
149 James Street
Dublin 8

Women & Families
16-19 Wellington St
Dublin.

GP Partnerships:

Kildare West Wicklow Partnership.
Email: siobhan.murphy2@hse.ie
Phone: 045 – 873222.

Dublin South West Partnership.

Email: david.tully@hse.ie
Phone: 01 – 6206292

Dublin South City Partnership.

Email: ellen.odea@hse.ie
Phone: 01 – 4545385.

Tallaght Clondalkin Partnership.

Email: Margaret.fitzpatrick@hse.ie
Phone: 01 – 4154708.

HSE – Community Pharmacy,

Claire Kerr,
Community Pharmacist,
Civic Offices,
Bray,
Co Wicklow.
Phone : 01 2744249 /Fax: 01 2744289

TCD/HSE - GP Training Scheme:

Prof. Fergus O'Kelly, Director
HSE / TCD Specialist Training Programme in General Practice,
Dept of Public Health & Primary Care,
Trinity Centre,
AMNCH Tallaght Hospital.
Tallaght,
Dublin 24.
Phone: 01 – 8962760.

Interpretation Services for GMS GPs,

Lionbridge,
Office 3 West Pier Business Campus,
Dun Laoghaire,
Co. Dublin.
Contact Name: Hanne Gregg.
Contact Number: 01 – 2021246.
Email: hanne.gregg@lionbridge.com

National Poison Centre

Beaumont Hospital
Beaumont Road
Dublin 9
Tel: 01 – 8092566.

Pest Control

Upper Grange Gormond
Rathdown Road
Dublin 7
Tel: 4542087

Rape Crisis Centre

70 Lower Leeson Street
Dublin 2
Tel: 6614911
Free phone: 1800778888

Vaccines

Customer Service Team,
HSE National Cold Chain Service,
United Drug House,
Magna Drive, Magna Business Park,
Tallaght, Dublin 24.
Phone: 01-4637770 / Fax: 01 – 4637788
Emails: vaccines@udd.ie

Asylum Seekers Unit

77 Upper Gardiner Street,
Dublin 2.
Tel: 01 - 8585100

HSE - Appeals Office

HSE Complaints & Appeals Office,
Unit 1 Bridge Court Office Park,
Walkinstown Avenue,
Dublin 12.
Phone: 01 – 460 9300

GP Co-operatives**1) Dub Doc:**

St James Hospital,
Dublin 8.
Tel: 01 – 4545607

2) K Doc:

Various Locations
Phone: 1890 599 362

Environmental Health

Civic Offices
Wood Quay
Dublin 8
Tel: 6796111

Family Resource Centre

16 Main Street
Tallaght
Dublin 24
Tel: 4515708

Freedom Of Information,

Health Service Executive,
Oak House, Lime Tree Avenue,
Millennium Park,
Naas, Co. Kildare.
Phone: 045 - 880496

HSE - East Coast Area

Civic Offices,
Bray,
Co Wicklow.
Phone : 01 – 2744200

HSE – National Hospitals Office

Corporate Division,
Dr Steevens Hospital,
Dublin 8.
Tel: 01 - 6352873

HSE - Northern Area,

Swords Business Campus,
Balheary Road,
Swords,
Co Dublin
Tel: 8131800 / Fax: 8131870

National Disease Surveillance Centre

25 – 27 Middle Gardiner Street
Dublin 1
Tel: 8765300
Email: info@ndsc.ie
Website: www.ndsc.ie

Public Analyst Laboratory

Sir Patrick Dun's Hospital
Lower Grand Canal Street
Dublin 2
Tel: 6612022
Fax: 6628532

Rehab and Residential Services

Merchants Quay Project
Merchants Quay
Dublin 8
Tel: 6970044

Victim Support

Holiday House
32 Arran Quay
Dublin 7
Tel: 8780870

Registration Services –**Births, Deaths and Marriages (Kildare)**

Unit 5,
Monread Leisure Complex,
Monread,
Naas,
Co. Kildare.
Ph: 045 - 887660

**Registration Services – Births,
Deaths and Marriages (Dublin)**

Joyce House
8 – 11 Lombard Street East
Dublin 2
Tel: 01 - 6711968

GENERAL MEDICAL SERVICES

SECTION A: Please enter clearly in BLOCK capital lettering.

APPLICATION TO LHM HEALTH SERVICE EXECUTIVE

BY DR. ADDRESS:

IN RESPECT OF:

*ANNUAL LEAVE Specify no. of Days/Weeks	SICK LEAVE Specify no. of Days/Weeks	STUDY LEAVE Specify no. of Days

For the period from to both dates inclusive.

*Former D.M.O's should use this space to apply for ALL leave other than sick or study leave.

Purpose of Study Leave:
(Programme of study must be attached).

Name of Locum: Dr.

Address

SIGNATURE OF APPLICANT: GMS Panel. No.:

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SECTION B: FOR HEALTH SERVICE EXECUTIVE USE:

A. Annual leave from	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>O</td><td>N</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	O	N	Y	Y	Y	Y	TO	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>O</td><td>N</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	O	N	Y	Y	Y	Y	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						Days/Weeks
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D	D	M	O	N	Y	Y	Y	Y																				
B. Sick leave from	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>O</td><td>N</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	O	N	Y	Y	Y	Y	TO	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>O</td><td>N</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	O	N	Y	Y	Y	Y	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						Days/Weeks
D	D	M	O	N	Y	Y	Y	Y																				
D	D	M	O	N	Y	Y	Y	Y																				
C. Study leave from	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>O</td><td>N</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	O	N	Y	Y	Y	Y	TO	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>O</td><td>N</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	O	N	Y	Y	Y	Y	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						Half Days/Days
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D	D	M	O	N	Y	Y	Y	Y																				
Additional study leave	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>O</td><td>N</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	O	N	Y	Y	Y	Y	TO	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>O</td><td>N</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	O	N	Y	Y	Y	Y							
D	D	M	O	N	Y	Y	Y	Y																				
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Additional study leave	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>O</td><td>N</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	O	N	Y	Y	Y	Y	TO	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>O</td><td>N</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	O	N	Y	Y	Y	Y							
D	D	M	O	N	Y	Y	Y	Y																				
D	D	M	O	N	Y	Y	Y	Y																				

Subject to entitlement, the leave specified at and payment of contribution to locum expenses appropriate thereto is approved.

SIGNED: DATE:

GRADE: TELEPHONE No.

NOTES ON COMPLETION OF FORMS

Please complete all relevant sections on Parts 1 and 2 (ensuring completed sections on Part 2 are transcribed clearly onto Parts 3 & 4.

- (i) Applications by doctors participating in the G.M.S. Scheme for Annual Leave or Study Leave should be made on this 4 part carbonised set, not less than 2 weeks before the leave is due to commence.
- (ii) Applications by doctors participating in the G.M.S. Scheme for Sick Leave should be made on this 4 part carbonised set.
- (iii) **A DOCTOR SEEKING LEAVE** should complete Section A and submit Parts 1, 2 and 3 to:
Local Health Manager, at your Local Health Office.
- (iv) Part 4 should be retained by the applicant.
- (v) Health Service Executive approval will be notified to the applicant through the return of Parts 2 and 3, with Section B completed – Part 1 will be retained by the Health Service Executive.
- (vi) **TO CLAIM PAYMENT** of contribution to locum expenditure Sections C and D on Part 2 should be completed by the applicant, and together with appropriate attachment(s) – medical certificate and/or evidence of remuneration of locum – should be submitted for payment to:
Finance Shared Services – Primary Care Reimbursement Service,
Exit 5, M50, North Road, Finglas, Dublin 11.

PART 1

HSE Shared Services Primary Care Reimbursement Service**SECTION A:**

I Dr. _____
 of _____

hereby apply to the Health Service Executive for *Maternity Leave/Paternity Leave in accordance with the Maternity/Paternity Leave Scheme and declare that the particulars stated hereon in support of my application are true.

*Delete where appropriate

PERIOD OF MATERNITY/PATERNITY LEAVE

From _____ To _____

and _____ weeks Special Leave.

From _____ To _____

Expected week of confinement _____ per attached Medical Certificate.

SECTION B:

During the leave specified above my locum will be:

Dr: _____

Address: _____

Signature of Applicant: _____ Date: _____

SECTION C: FOR HEALTH SERVICE EXECUTIVE USE

Application for *Maternity Leave / Paternity Leave *Delete where appropriate

Approved: _____ Grade: _____

SECTION D:**CERTIFICATION BY LOCUM**

- (I) A medical certificate confirming pregnancy and stating the expected week of confinement must be submitted at least four weeks before the date on which you intend to go on Maternity Leave. A copy of the Medical Certificate should be attached to this form when claiming Paternity Leave.
- (II) It should be noted that a minimum period of at least 2 weeks Maternity Leave must be taken before the end of the expected week of confinement. Maternity Leave should end not earlier than 4 weeks after the end of the expected week of confinement. Paternity Leave may be taken at the time of birth or up to four weeks after the birth.
- (III) A Doctor seeking Maternity Leave / Paternity Leave should complete Sections A and B, and submit parts 1, 2 and 3 to the HEALTH SERVICE EXECUTIVE.
- (IV) Part 4 should be retained by the applicant.
- (V) HEALTH SERVICE EXECUTIVE approval will be notified to the applicant through the return of Parts 2 and 3 with Section C completed - Part 1 will be retained by the HEALTH SERVICE EXECUTIVE.
- (VI) To claim payment of contribution to locum expenditure Sections D and E on part 2 should be completed by the applicant and submitted for payment to:
 Primary Care Reimbursement Service, Raven House, Finglas, Dublin 11.

PART 1



PLEASE RETURN TOP (GREEN) COPY TO:

Health Service Executive - South Western Area
Primary Care Unit, Block E, Westland Park, Nangor Road, Dublin 12.

CONFIDENTIAL

PALLIATIVE CARE NOTIFICATION FORM

I will provide care for:

PATIENT'S NAME: _____ D.O.B. _____

ADDRESS: _____

PATIENT'S G.M.S. NUMBER (IF ANY): _____

UNDERLYING DIAGNOSIS: _____

SERVICES I WILL PROVIDE:

Domiciliary Visits ☐ Symptom Control ☐ Pain Management ☐

Counselling ☐ Services Co-Ordination ☐

DOCTOR: _____

ADDRESS: _____

DOCTOR'S G.M.S. NO (if applicable): _____ DATE: _____



PLEASE RETURN TOP (BLUE) COPY TO:

Health Service Executive - South Western Area
Primary Care Unit, Block E, Westland Park, Nangor Road, Dublin 12

CONFIDENTIAL

PALLIATIVE CARE CLAIM FORM

PATIENTS NAME: _____

ADDRESS: _____

G.M.S. PATIENT NUMBER (IF ANY): _____

AGE OF PATIENT: _____

DATE OF DEATH: _____

CAUSE OF DEATH: _____

DATE DOCTOR FIRST PROVIDED TERMINAL CARE: _____

NUMBER OF HOME VISITS DURING THE PERIOD: _____

WERE THE FOLLOWING INVOLVED IN THE CARE OF YOUR PATIENT?

PUBLIC HEALTH NURSE YES ☐ NO ☐

HOSPICE HOME CARE TEAM YES ☐ NO ☐

NAME OF INSTITUTION THE PATIENT WAS ADMITTED TO (IF ANY):

DATE OF ADMISSION: _____

DOCTOR: _____

ADDRESS: _____

DOCTOR'S REGISTERED NUMBER: _____ DATE: _____
(IF APPLICABLE)

SECTION A:

Notification to C.E.O. _____ HSE

By Dr. _____ Address _____

Re: Employment of

Practice Secretary	Practice Nurse

at my practice centre _____

with effect from _____

I request sanction for the payment of allowance(s) appropriate to my G.M.S. panel size (taken in conjunction with the panel size(s) of my partner(s).

Reg. No(s).

and the hours of employment of the practice staff indicated above.
Signed: Dr. _____

Reg. No.:

Date:

SECTION B:

A. Name of Practice Secretary/Nurse _____

Address _____

B. Date of commencement of Employment _____

C. Contract of Employment. _____

(Copy of Employment Contract must be supplied which will be returned after perusal by the HSE.

D. Hours and Days of attendance

Total number of Hours per Week

--

E. Weekly Gross Salary (exclusive of Employer's P.R.S.I.) _____

Employer's P.R.S.I. No. _____ Employee's P.R.S.I. No. _____

F. Social Insurance Category _____

In the case of a Practice Nurse:

Insert P.I.N. No.

G. P.I.N. number with An Board Altranais

Current Certificate of Registration attached

H. Evidence of Insurance Cover in respect of the Terms of
Employment of the Practice Nurse attached

Name of Insurance Co.

Policy No.

Period of Cover

NOTES ON USE OF FORM

- (i) To facilitate processing of claims for payment of subsidies towards the cost of Practice Secretaries/Nurses, Doctors participating in the G.M.S. who are remunerated on a capitation basis should use a separate 4 part set to Notify their HSE of each Practice Secretary/Practice Nurse in their employ.
- (ii) **When completed, this 4 part set should be forwarded to the Primary Care Unit.**
- (iii) HSE will complete Section C on Parts 2, 3 and 4. Part 3 will be returned to the doctor indicating HSE approval to their claiming payment of subsidies provided for under Department of Health Circular 5/89. Part 2 will be forwarded to PCRS by HSE. Parts 1 and 4 will be retained by HSE.
- (iv) Upon receipt of the PSN/1 form from the HSE, the claim is processed by the PCRS. The Practice Support Subsidy is then generated.
- (v) Payment of Practice Support is paid on a monthly basis and is one month in arrears.
- (vi) Continuation of Practice Support Subsidy is dependant upon doctors returning to PCRS the P35, P35L and P60 forms at the end of the current tax year. A reminder form in respect of PSN/1P is sent before the end of the tax year. This can be photocopied for multiple employees.

PART 1



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive