Report for meeting of the Board to be held on Friday 10th October 2003: report of the General Medical Services (Payments) Board for the year ended 31st December 2002

MID-WESTERN
HEALTH BOARD

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To: Cathaoirleach & Each Member
Mid-Western Health Board

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Report for Meeting of the Board to be held on Friday 10th October 2003.

Report of The General Medical Services (Payments) Board For The Year Ended 31st December 2002

Dear Member,

The annual Report of the GMS (Payments) Board for 2002 presents financial and statistical information on the cost and uptake of services which are provided under agreements with Health Boards and which were paid for by the GMS (Payments) Board in 2002. The report contains details of payments made to General Practitioners, Dentists and Optometrists/Ophthalmologists for services provided to GMS eligible persons under the GMS scheme, the Dental Treatment Services Scheme and the Community Ophthalmic Services Scheme. The various schemes are a critical part of Primary Care services but the expenditure is primarily demand led. The total expenditure for these schemes in the Mid-West for 2002 was €52m and is expected to increase to €62m In 2003.

General Information

The Annual Report shows that total payments made by the GMS (Payments) Board in 2002 exceeded €1,270.88m, an increase of 23.8% on payments of €1,026 million made in the year 2001. The increased level of payments reflects an increasing ageing population and a resulting growth in the number of people eligible to claim under the various State funded schemes, and an overall increase in the number of claims processed. Increased fees for Doctors, Pharmacists, Dentists and Optometrists/Ophthalmologists also contributed to the increase.

The 2002 Annual Report noted that more than 2.58 million people were registered as eligible for benefit under the General Medical Services (Medical Card), Drugs Payment, Long Term Illness, Dental Treatment and Health Board Community Ophthalmic Services Schemes. This compares with 2.44 million people eligible in 2001. More than 43 million prescription items were processed in 2002, an increase of more than 4 million items over the previous year. The implementation of the granting of medical cards to all persons aged 70 years and over also contributed to the growth in payments.

Work continued in 2002 on the creation of a computerised National Client Eligibility Index. The Index will feature health services eligibility data for the entire population. It will use the Personal Public Services (PPS) number to identify each member of the community. The idea behind the

Index is to ensure that the process associated with registering patients is minimized and that those making claims for community based health services are eligible to do so. It will also ensure that data entered into the system is accurate and legible. In time, it is envisaged that the index will support a number of other healthcare functions such as the national Breast Cancer and Cervical Cancer Screening Programmes.

The following payments were made:

- Fees and Allowance paid to Doctors totalled €282.07m (€211.84m in 2001)
- Payments to Pharmacists totalled €817.55m (€674.80m in 2001)
- Payments to Dentists under the DTSS totalled €45.72m (€41.61m in 2001)
- Payments to Optometrists/Ophthalmologists under the HBCOS totalled €13.94m (€9.81m in 2001)

General Medical Scheme

Under this scheme, Doctors who hold contracts with their local Health Board provide family G.P. services for Medical Card holders and their dependents. Drugs medicines and appliances supplied under the scheme are provided through retail pharmacies or by the General Practitioner in certain circumstances.

Your attention is drawn to the following details of the report relating to the Mid Western Health Board area with some national comparisons provided.

Number of eligible persons covered by Medical Cards
(Table 9 of GMS Report refers)

In the Mid Western area, 29.15 % of the population were Medical Card Holders at 31st December 2002 compared to 29.84% nationally.

In the Board area, the number of persons covered by Medical Cards decreased by 3.75% from 102,953 at 31st December 2001 to 99,095 at 31st December 2002.

The number of people covered by Medical Cards in the State at 31st December 2001 was 1,199,454 while a comparable number at 31st December 2002 was 1,168,745, a decrease of 2.56%.

Number of Doctors, Pharmacists, Dentists and Optometrists in the GMS Scheme (Table 2 of GMS report refers).

There were 173 doctors participating in the Scheme in 2001 and 197 doctors in 2002 in this Boards catchment area.

The number of participating Pharmacists in the Board's area increased from 120 in 2001 to 129 in 2002.
The number of participating Dentists in this Board's catchment area increased from 90 in 2001 to 96 in 2002.

The number of participating of Community Optometrists in this Board's catchment area increased from 33 in 2001 to 37 in 2002.

Payment per eligible person
(Table 7 of GMS Report refers)

The overall cost per eligible patient in this Board's catchment area rose from €169.77 in 2001 to €220.21 in 2002, an increase of 20.7%.

The average cost for all Health Boards was €169.46 in 2001 rising to €221.15 in 2002, an increase of 30.5%.

No. of Prescriptions and Medicines
(Table 16 of GMS Report refers)

At national level, the total number of prescription forms increased from 10,453,500 in 2001 to 11,551,122 in 2002 (+10.5%) and the total number of prescribed items dispensed rose from 25,521,097 in 2001 to 29,499,699 in 2002 (+15.59%).

In this Board's catchment area, the figures were

(i) Number of Prescription Forms

2001	2002	% Change
952,138	1,045,363	+9.79%

(ii) Number of Prescription Items

2001	2002	% Change
2,368,825	2,719,803	+14.82%

- The average cost per item in 2001 was €16.19 and this increased to €17.79 in 2002 (+9.88%) for the Mid-Western Health Board.
- The ingredient cost per item in this Health Board area (i.e. cost exclusive of Pharmacist fee) was €12.59 in 2001 and this increased to €13.99 in 2002 (+11.12%)
- The average cost per prescription form in 2001 was €40.28 which increased to €46.29 in 2002 (+14.92%)

Medicines Cost by Age Groups
(Table 15 of G.M.S. report refers)

The average cost of medicines per patient for the Mid Western Health Board catchment area in 2002 was €481.50. The cost of medicines for the age group 65 years and over was €754.94. The comparable average cost of medicines for the state were €457.93 and €784.43 respectively.

Payments in respect of Mid Western Health Board were as follows :
(Tables 4, 5 and 11 of G.M.S. Report refers)

	2001	2002	% Change
Doctors	€17,703,353	€23,194,052	+31.02%
Prescriptions	€38,348,055	€48,387,240	+26.18%
Stock Orders	€785,190	€947,957	+20.73%
Total	€56,836,598	€72,529,249	+27.61%

Dental Treatment Service Scheme
(Tables 2, 6 and 26 of GMS report refers)

Under the Dental Treatment Scheme (D.T.S.S.) introduced in November 1994, GMS eligible adults have access to a range of treatments and clinical procedures comprised of routine treatments and full upper and lower dentures. Routine treatments are now available for all eligible persons. Dentists may also prescribe a range of medicines to eligible persons.

There were 90 Dentists participating in the scheme in this Board in 2001 and this increased to 96 in 2002. Payments made to dentists in 2002 amounted to €3,882,221 representing 84,650 treatments. Payments in respect of the state in 2002 were €45,672,441 representing 1,002,783 treatments by 1,349 Dentists (1315 in 2001).

Drugs Payment Scheme (D.P.S.)
(Table 23 of GMS report refers)

Under the Drugs Payment Scheme introduced on 1st July 1999, persons who are ordinarily resident in the state and do not have a current Medical Card can benefit. An individual or family had to pay no more than €53.33 which increased to €65 from 1st August 2002, in a calendar month during the year for approved drugs, medicines and appliances for themselves or their families. In order to benefit under this scheme a person must register themselves and their dependants with their local Health Board.

As at 31st December 2002 there were 127,749 persons covered in the Boards catchment area and there were 1,319,395 persons covered within the state. For the year 2002, this Board paid, €25,639,073 as against €287,489,276 for the state. The net average cost per claimant in this Board catchment area was €922.23 compared to €935.73 for the state.

Community Ophthalmic Services Scheme (HBCOSS)
(Table 27 of GMS report refers

The Health Board Community / Ophthalmic Services Scheme was launched on 1st July 1999 to provide Optometry / Ophthalmic services to adult Medical Cardholders and their dependants not entitled to benefit under the DSCFA benefit treatment scheme. Under the HBCOSS eligible persons have access to, free of charge, eye examinations and necessary spectacles / appliances. Payments in respect of spectacles provided under the children's scheme are also made on behalf of this Health Board.

For the year 2002, payments made in respect of this Board amounted to €1,313,686 as against €13,940,155 for the state. The number of treatments provided in this Health Board amounted to 37,761 as against 397,578 for the state.

Methadone Treatment Scheme

Methadone is prescribed and dispensed by Doctors and Pharmacists for approved clients under the Methadone treatment scheme – capitation fees under this scheme to participating Doctors and Community Pharmacists and claims by Pharmacies for the ingredient cost of the Methadone dispensed and the associated dispensing fees are processed and paid by the Payments Board. For the year 2002, payments made in respect of the State amounted to €5,326,470 covering 131,304 claim items. Payments made by this Board in 2002 amounted to €70,486.24.

Health (Amendment) Act 1996

The Health (Amendment) Act 1996 was brought into force in September 1996 under which certain Health Services are made available without charge to persons who have contracted Hepatitis C directly or indirectly from the use of Human Immunoglobulin / Anti D or the receipt within the state of another blood product or blood transfusion. General Practitioner services, Pharmaceutical services and Dental services and Ophthalmic services provided under the Act are paid for by the Board. For the year 2002, payments made in respect of the State, amounted to €1,017,727 covering 16,541 claim items.

National Primary Childhood Immunisation Scheme

A National Primary Childhood Immunisation Scheme was launched in December 1995 to provide for immunisation of the total child population with the aim of eliminating, as far as possible, such conditions as Diphtheria, Polio, Measles, Mumps and Rubella and more recently Meningococcal C Meningitis. The GMS (Payments) Board involvement is to support the receipt of immunisation payment details from each of the participating Health Boards and to calculate and make payments to General Practitioners.

Immunisations for certain GMS eligible persons.

Agreement was reached during the year 2000 between the Department of Health and Children and the Irish Medical Organisation of fee rates to be applied to certain immunisations for GMS eligible persons. The immunisations encompassed by the agreement are Pneumococcal / Influenza and the combined Pheumococcal / Influenza and Hepatitis B. The Board facilitated claiming for any of these immunisations by extending the range of codes for 'Special Items of Service'.

For the year 2002, costs of claims in respect of this Board amounted to €768,322 as against €9,007,751 for the State. The number of claims for this Board amounted to 24,862 as against 287,669 for the State.

European Economic Area (EEA)

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 a Health Board within the state. Students, posted workers and their dependants are entitled to full services on presentation of a valid form E128. EEA claims paid by the Board in 2002 amounted to €146,587 as against €1,543,545 for the State.

Long Term Illness Scheme (LTI)

On approval by Health Boards, 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. All LTI claims are processed by the Board. The top 100 most commonly prescribed products in the order of their prescribed frequency are listed on Pages 49 to 51 of the report.

For the year 2002, total payments to pharmacies in this Board amounted to €4,566,647 and the cost per eligible person was €726,30. The number of eligible persons in the State in December was 92,745 and the average number of claimants was 31,422 at a total cost of €61,635,841.

High Tech Drugs (HTD)

Arrangements are in place for the supply and dispensing of High Tech Medicines through the Community Pharmacists. Such medicines are usually only prescribed or initiated in Hospital and will include items such as anti rejection drugs for transplant patients or medicines used in conjunction with chemotherapy or growth hormones. The medicines are purchased by the Health Boards and supplied through Community Pharmacists for which Pharmacists are paid a patient care fee, the cost of the medicines and patient care fees are paid by the Board.

The total cost of patient care fees in the State amounted to €4,323,703.

Yours sincerely

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S. Woods
A/Regional Manager.