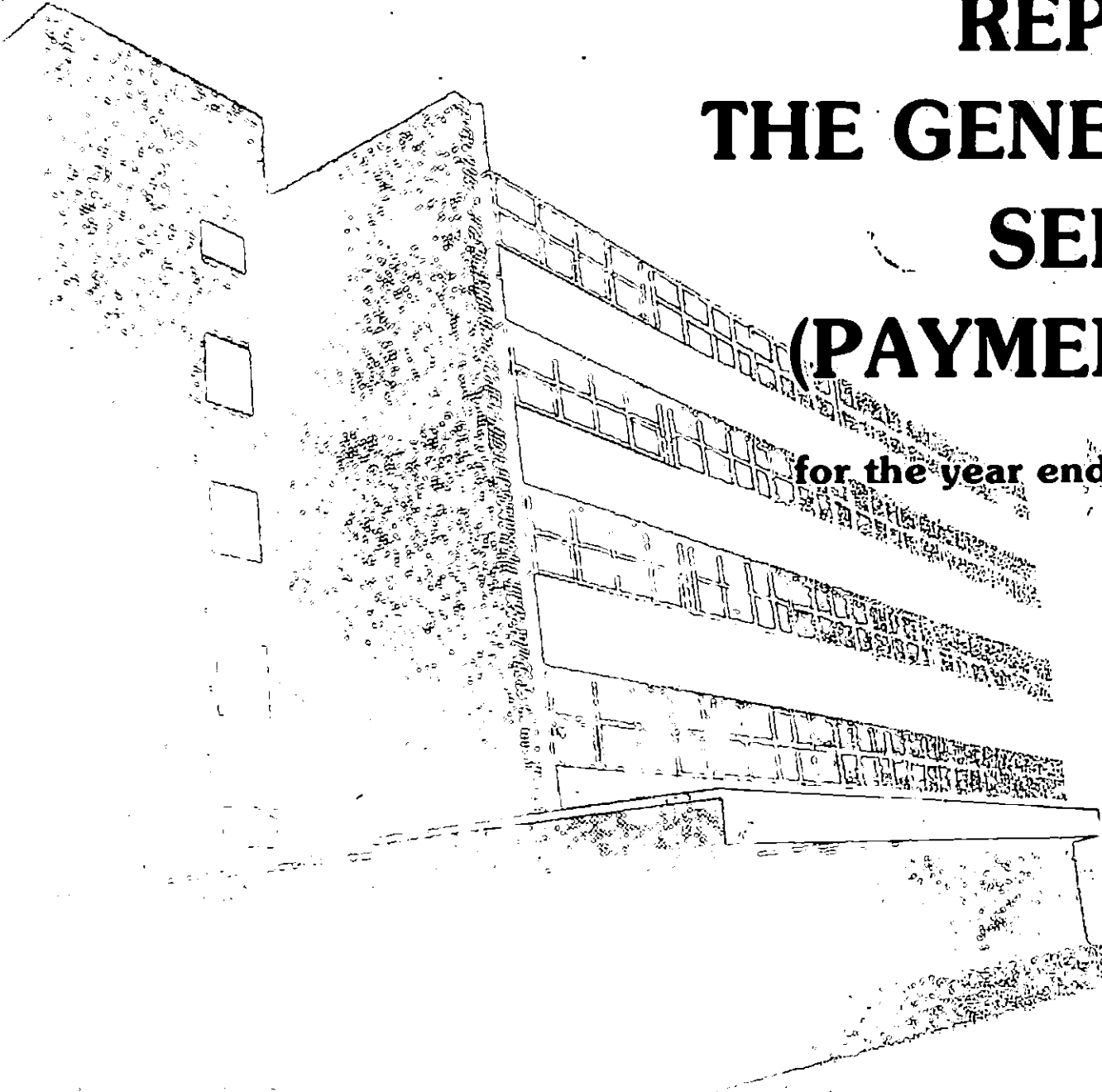


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Report of the General Medical Services (Payments) Board for the year ended 31st December 1991.

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**REPORT OF
THE GENERAL MEDICAL
SERVICES
(PAYMENTS) BOARD**

for the year ended 31st December 1991





General Medical Services (Payments) Board
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Finglas,
Dublin 11.

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CHAIRMAN'S REVIEW OF 1991

The main business of the Board is the payment, on behalf of the Health Boards, of doctors and pharmacists who provide services to eligible patients in the General Medical Services Scheme. This report sets out the details of this work and analyses the range and cost of these services. The main feature of the report is the very significant increase in the volume, the frequency and the cost of prescribed drugs and medicines.

The Board in May 1991 also took over, on behalf of Health Boards the work of processing claims and paying pharmacists for drugs and services given under the Long Term Illness Scheme.

In the course of its work the Board compiles and maintains detailed financial and activity statistics on these and other schemes, and this information is provided for the Department of Health and the Health Boards to help in their planning and management of the services. Information has also been made available during the year to both the Department of Health and the Irish Medical Organisation in the course of the review of doctors' contracts and the conciliation and arbitration process on doctors' payments.

The Board was itself involved in the already mentioned review of doctors' contracts under the chairmanship of Mr. John Horgan and in implementing recommended changes in fees which resulted. The Board monitors the provisions of the agreement on drug prices between the Department of Health and the Federation of Irish Chemical Industries and in that context monitors the price movement of drugs in specific countries of the European Community, and participates in the process of price readjustment as provided for in the agreement. The Board, on behalf of the Department of Health, prepared and circulated the new repeat prescription sets. It also participated in the establishment of the Department of Health's new Drug Division to develop appropriate protocols and information systems in the whole area of drug prescribing within the health services.

The information technology services currently provided to the Board by the Government's Central Information Technology Services will cease in 1993. In late 1991 a firm of consultants was appointed to advise on the development of our own services with a view to having a modern system installed by Autumn 1993.

The Report of the Local Government Auditor to the Minister for Health on his audit of the Board's Accounts for 1990 received in July 1991 is qualified owing to the absence of patient certification that drugs/medicines claimed for were received — the qualification extends also to certain categories of doctors' claims. The Auditor was again reminded that the Board is constrained by the terms and conditions of contracts between doctors and pharmacists which do not, except in two specific areas of the doctors' contract, provide for third party verification.

In dealing with its clients the Board is at all times bound to operate within the terms of its Establishment Order and within the terms of the contracts between the Health Boards and the doctors and pharmacists. Within these limits the Board is committed to serve the needs and meet the requirements of its various customers.

The Board is most appreciative of the co-operation received from its clients — General Practitioners and Pharmacists — and from their representative organisations for their help and goodwill in the operation of the various schemes in which the Board is involved. The Board recognises and is grateful for the dedication and commitment of its staff who helped in no small way in maintaining the high standards which are now expected of the Board and which have been upheld again in 1991 despite many difficulties and an increased workload.

To my fellow Board members I extend my thanks and appreciation for their support and commitment in furthering the aims and interests of the Board throughout the year.

DONAL O SHEA

1. CONSTITUTION:

1.1 The General Medical Services (Payments) Board is a body corporate with perpetual succession and a common seal constituted by Order of the Minister for Health under Section 11 of the Health Act, 1970.

2. FUNCTIONS:

2.1 It is the duty of the Board to perform on behalf of the health boards the following functions in relation to the provision of services by general practitioners and pharmacies under Sections 58 and 59 of the Health Act, 1970: -

- (a) the calculation of payments to be made for such services;
- (b) the making of such payments;
- (c) the verification of the accuracy and reasonableness of claims in relation to such services;
- (d) the compilation of statistics and other information in relation to such services.

2.2 Up to 1990 the functions performed by the Board on behalf of health boards related only to the General Medical Services Scheme, under which services are provided to medical card holders and their dependants. In 1990 the Minister for Health amended the Board's Establishment Order to enable the Board to perform on behalf of health boards the functions listed in 2.1 in relation to drugs, medicines and appliances supplied to non medical card holders under Sections 59(2) and 59(3) of the Health Act, 1970.

3. MEMBERS:

3.1 The Board consists of eleven members comprising:-
(a) one officer of each health board designated by the Chief Executive Officer of the health board and
(b) three other persons appointed by the members referred to in (a).

3.2 The members of the Board as at 31st December 1991 were: -

- | | |
|--------------------|--|
| Mr. D. O Shea, | North Western Health Board
(Chairman) |
| Mr. D. O'Dwyer, | Midland Health Board
(Vice Chairman) |
| Mr. A. Aylward, | Department of Health |
| Mr. M. Bruton, | Western Health Board |
| Mr. M. Duffy, | Mid-Western Health Board |
| Ms. A. Flanagan, | Eastern Health Board |
| Mr. M. Lynch, | South Eastern Health Board |
| Mr. T. McGuinn, | Department of Health |
| Dr. A. McLoughlin, | North Eastern Health Board |
| Dr. T. O'Dwyer, | Department of Health |
| Mr. D. O'Sullivan, | Southern Health Board |

3.3 Mr. T. Tansley, Department of Health, resigned from the Board in June 1991. He had been a member since March 1987. The Board gratefully acknowledges the service given by Mr. Tansley during his period of membership.

3.4 Mr. A. Aylward, Department of Health, became a member of the Board in July 1991.

4. SENIOR OFFICERS:

- | | | |
|-----|--------------------------------|----------------|
| 4.1 | <i>Administrator</i> | J.A. Long |
| | <i>Assistant Administrator</i> | T.A. Flood |
| | <i>Medical Officer</i> | Dr. M.P. Flynn |
| | <i>Pharmaceutical Officer</i> | G.P. Byrne |

5. PURPOSE OF GENERAL MEDICAL SERVICES SCHEME (ALSO KNOWN AS CHOICE-OF-DOCTOR SCHEME):

5.1 Persons who are unable without undue hardship to arrange general practitioner medical and surgical services for themselves and their dependants receive a free general medical service.

5.2 Prior to 1972 this service was provided by district medical officers, more popularly known as dispensary doctors. They were paid a salary and each was appointed to a specific dispensary district.

5.3 In 1966 the then Government set out proposals for the abolition of the dispensary system and for the

reorganisation of the general medical service so that those eligible for free medical care would be able to get the same kind of service as others could get through private arrangements. This proposal involved "substituting for the dispensary service a service with the greatest practicable choice-of-doctor and the least practicable distinction between private patients and those availing themselves of the service." It was also stated that it would be preferable "if those using the service were entitled to get their drugs, medicines and appliances through the same channels as the doctor's private patients, that is the retail chemists or the doctors themselves in areas where there are no chemists."

5.4 The Health Act, 1970 made provision for the introduction of a scheme on the lines proposed and following discussion with the medical and pharmaceutical organisations the scheme was brought into operation in 1972. It is generally referred to as the General Medical Services Scheme or the Choice-of-Doctor Scheme.

6. PROVISION OF SERVICES UNDER THE GENERAL MEDICAL SERVICES SCHEME:

6.1 Persons eligible to receive free general practitioner services for themselves and their dependants register with the doctor of their choice, provided that the doctor has entered into an agreement with the relevant health board and is prepared to accept them on to his/her panel. Except in certain circumstances, the doctor chosen must not live more than seven miles from the eligible person nor have already a panel of the maximum number allowed. Where eligible persons do not succeed in obtaining registration the health board arranges to have them entered on a doctor's panel.

6.2 Drugs, medicines and appliances supplied under the Scheme are provided through retail pharmacies. In most cases the doctor gives the completed prescription form to the patient, who takes it to any pharmacy that has an agreement with a health board. In rural areas, where a doctor has a centre of practice three miles or more from the nearest

retail pharmacy participating in the Scheme the doctor dispenses for persons served from that centre who opt to have their medicines dispensed by him/her. The doctor is paid a dispensing fee for each such person. The medicines are obtained by the doctor through a stock order given to a retail pharmacy participating in the Scheme, located in the doctor's normal area of practice or, if there are no such premises in that area, located reasonably convenient to the area.

7. REVISION, AS FROM MARCH 1989, OF AGREEMENT BETWEEN HEALTH BOARDS AND GENERAL PRACTITIONERS IN THE G.M.S. SCHEME:

7.1 Following acceptance by the Minister for Health and the Irish Medical Organisation of proposals issued in 1988 by the then Labour Court Chairman, Mr. John Horgan, the terms and conditions under which general practitioners provide services to medical card holders and their dependants were revised with effect as from 1st March 1989.

7.2 New contracts embodying the revised terms and conditions were entered into with the local health board by a large majority of the general practitioners providing these services as at 1st March 1989.

7.3 A number of doctors chose not to enter into a new contract and continued to provide their services under the terms of the contract held by them as at the 28th February 1989. There were 58 such doctors as at 31st December 1991 and they had a total of 38,694 persons on their panels.

8. AGREEMENT OF MARCH 1989 — PAYMENTS TO GENERAL PRACTITIONERS:

8.1 One of the principal changes made by the introduction of the revised terms and conditions was the replacement, as the main source of remuneration in the G.M.S. Scheme, of fee-per-item of service by capitation at annual rates. The rate of capitation for an eligible person is determined by

age, gender and location of residence. A supplementary capitation payment is made in respect of out-of-hours panel care.

8.2 Provision was made for the payment of fees in addition to capitation in the following situations on compliance with certain conditions: -

- (a) Consultation between 10.00 p.m. and 8.00 a.m. to person on own panel.
- (b) Emergency service to person not on own panel.
- (c) Temporary Resident i.e. an eligible person who moves temporarily to and is resident in a place not ordinarily served by his/her own doctor and who does not intend to remain nor remains there for a period exceeding three months.
- (d) E.C. Resident i.e. resident of one of the other E.C. States, with established eligibility, who needs emergency general practitioner service while visiting the State on holiday, on business or visiting relatives.
- (e) Special Service specified as attracting additional payment.

8.3 The special services attracting payment of a fee in addition to capitation are as follows: -

- (i) Removal by excision, cryotherapy or diathermy of warts, verruca, solar keratosis, cysts, papillomata, ingrown toenails, abscesses.
While a separate fee cannot be claimed for each application where multiple applications of the same procedure are required, if the treatment extends over more than one day a separate fee may be claimed for the treatment applied on each day.
- (ii) Suturing of cuts and lacerations.
- (iii) Draining of hydroceles.
- (iv) Treatment and plugging of dental and nasal haemorrhages.
- (v) Recognised vein treatment.
The fee is only paid where sclerotherapy treatment is involved and is not payable where dressings only are provided.
- (vi) E.C.G. tests and their interpretation.

The fee includes the recording as well as interpretation of E.C.G. tests and is intended to cover only cases of individual patient care and not general screening and/or routine screening of individuals.

- (vii) Instruction in the fitting of a diaphragm.
- (viii) Removal of adherent foreign bodies from the conjunctival surface of the Eye.
- (ix) Removal of lodged or impacted foreign bodies from the Ear, Nose and Throat (not applicable to wax removal).
- (x) Nebuliser treatment in the case of acute episodic asthmatic attack.
The fee is confined to cases of acute episodic asthmatic attack and is not intended to apply to treatment given in accordance with a regular time pattern.
- (xi) Bladder Catheterization.
- (xii) Attendance at case conferences (in cases where such case conferences are convened by a DCC/MOH).
The fee refers to case conferences relating to child abuse.

The fee payable relates to an entire treatment and not to individual consultations relating to the treatment. A fee of £10.61 is payable in respect of the treatments listed in (i) to (ix). Nebuliser treatment in the case of acute episodic asthmatic attack, listed at (x), and Bladder Catheterization listed at (xi), qualify for an enhanced fee of £15.91. The fee payable for a case conference attendance qualifying for a special services fee is £26.52.

A medical practitioner who intends to provide any of these special services must indicate to the DCC/MOH of the health board which services he/she will be providing.

An analysis of the number of claims paid by the Board in 1991 for the provision of special services is given in Table 11.

8.4 The agreement provided for the taking of sick leave, annual leave, maternity leave and study leave and for financial contributions to locum costs incurred thereby.

8.5 Provision was also made for a health board contribution of 10% of capitation fees to a superannuation scheme to be administered by the Irish Medical Organisation. An amount of 5% of capitation fees deducted from each doctor would also be paid over to the scheme.

8.6 Depending on panel size, doctors with capitation contracts were entitled in 1991 to claim a subsidy of up to £10,608 towards the cost of employing a practice nurse and/or up to £6,365 towards the cost of employing a practice secretary where the relevant qualifying conditions were met.

**9. AGREEMENT OF MARCH 1989 —
PROVISION OF SERVICES BY GENERAL
PRACTITIONERS:**

9.1 The agreement reiterated that the doctor would be routinely available at surgery and for domiciliary visiting for a total of 40 hours on five days or more per week by agreement with the health board and would make suitable arrangements for contact outside these hours for urgent cases. The agreement went on to specify that the doctor's hours of availability shall have regard to his/her patients' needs in the locality and shall not be amended without the agreement of the health board.

9.2 While repeating the general provision that the doctor shall provide to medical card holders and their dependants all proper and necessary treatment of a kind usually undertaken by a general practitioner and not requiring special skill or experience of a degree or kind which general practitioners cannot reasonably be expected to possess, the agreement goes on to specify that the doctor shall (a) accept clinical responsibility for persons on his/her list who need medical treatment (b) use the most efficient and economic forms of treatment or care consistent with the needs of the patient (c) ensure no discrimination or differentiation between eligible and private patients within his/her practice and take reasonable steps to ensure none is perceived (d) utilise the appropriate support

services when available (e) keep informed of relevant developments in general practice and (f) reside in his/her area of practice or within reasonable access to it. The agreement envisaged the development of preventive and developmental services in the new style of practice which the agreement facilitated.

9.3 The agreement continued the undertaking by doctors that, in arrangements for prescribing or dispensing drugs, medicines or appliances, they will have due regard to the need for economy while having primary regard for the interests of the patients. The agreement further provided that doctors will have regard to recommendations on prescribing and dispensing issued jointly by the Minister for Health and the Irish Medical Organisation and will co-operate in the manner agreed by these two parties in the operation of the National Drugs Formulary.

9.4 The agreement makes provision for the appointment of practising general practitioners (i) to act as support to doctors assigned to them in improving overall performance and meeting the contract requirements (ii) to make formal written reviews of the practices of these doctors not less often than every three years (iii) to act as liaison with the health board and (iv) to investigate complaints referred by the health board Chief Executive Officer.

9.5 The agreement sets out the procedures to be followed where the health board Chief Executive Officer believes that a doctor has failed to comply with any of its terms or where he believes that the operation of the agreement with a doctor should be suspended pending an investigation or where, in given circumstances, he decides that notice of termination should be given. The agreement also sets out the procedures to be followed where a doctor exercises his/her right of appeal against a decision to terminate his/her contract or impose other disciplinary action. Provision is also made for termination of contract in certain specified circumstances not related to disciplinary action.

9.6 The agreement also contains provisions relating to designation of persons for whom the doctor will provide services, to practice premises requirements, to deputising arrangements and to the keeping of records.

10. 1990/1991 REVIEW:

10.1 The agreement made provision for a Review of the G.M.S. Scheme following twelve months operation of the agreement. A review group made up of representatives of the Irish Medical Organisation and of the management side under the chairmanship of Mr. John Horgan, who had chaired the original negotiations leading to the agreement, concluded this review in February 1991. The Board was represented on the management side in the review. The Board also co-operated in the provision of statistical and other information to the review group.

10.2 In his report following the conclusion of the review Mr. Horgan made a number of recommendations.

10.3 On the basis of his interpretation of the agreement of 1989 he recommended that the capitation fees be increased by 1.4% from 1st March 1989 and that a once off payment of £0.5 million be divided between the doctors on the basis of their capitation earnings in the 1st year of the contract. Arrangements for implementation of these recommendations were in hand at the end of 1991.

10.4 An increase of £2 per annum with effect as from 1st January 1991 was recommended by him in the case of the capitation fee payable for persons in the 5 - 15 years (inclusive) age-category. Arrangements for implementation of this recommendation were in hand at the end of 1991.

10.5 He recommended that as from 1st January 1992 doctors be reimbursed a percentage of their medical defence fees on a sliding scale depending on panel sizes. Arrangements for implementation of this recommendation were in hand at the end of 1991.

- 10.6 He noted the negotiations on the employment of practice support doctors and he made recommendations on the appropriate fees to be paid.
- 10.7 Having noted that the superannuation scheme provided for in the 1989 Agreement had not yet been formally established, he recommended that the outstanding issues be finalised between the Department of Finance, the Revenue Commissioners and I.M.O. without delay. These issues were resolved in 1991.
- 10.8 Mr. Horgan recommended a number of measures to reduce the overall cost of medicines prescribed without bringing about changes in the basic rationale and objectives of the Scheme. These measures included the use of practice prescribing budgets, the use of generic or of less costly proprietary drugs, the use of formularies, the provision of better feedback to doctors and the provision of education programmes. The establishment of a National Therapeutics Committee which would act as a national prescribing committee and oversee the development of protocols of care for common chronic illnesses was also recommended.
- 10.9 He recommended that information requirements as set out in an appendix to his report should be made available by doctors to allow for an on-going assessment of the Scheme.
- 10.10 He noted that, in relation to management's concern at the type of out-of-hours and weekend cover being provided, there was agreement to the setting up of a committee to assess and report on the type and quality of service being provided and the consequence of such service for patient care and the health services generally.
- 10.11 Mr. Horgan made a number of recommendations relating to the development of general practice in the context of realised savings and also a number of recommendations relating to the conditions for the making of payments under the 1989 agreement.
- 11. PAYMENT FOR DRUGS AND SERVICES — GENERAL MEDICAL SERVICES SCHEME:**
- 11.1 Capitation payments, dispensing fee and fee-per-item of service payments are made to doctors monthly by the General Medical Services (Payments) Board. Allowances are paid quarterly. Where a former district medical officer with a guaranteed minimum of salary qualifies for a lower payment on the basis of the capitation fees or the fee-per-item of service provided for in his/her contract the G.M.S.(Payments) Board augments the payment to him/her to ensure the guaranteed minimum. At the end of 1991 this guaranteed minimum was applicable to 92 of the doctors who opted for payment of capitation fees and to 2 of the doctors who continued on the fee-per-item of service contract.
- 11.2 Claims by retail pharmacies for payments in respect of services provided under their contracts with the health boards are submitted monthly to and paid by the General Medical Services (Payments) Board.
- 11.3 Pharmacies are remunerated on the basis of recoupment of the ingredient cost of prescription items dispensed plus a fee.
- 11.4 An advance payment is made to each pharmacy following its entry into the Scheme. The purpose of this payment is to cover the cost of the necessary stock holding for the purposes of the Scheme. It is calculated in the first instance on the estimated number of prescription items submitted in the first claim. In May 1991 the first advance payment to a pharmacy joining the Scheme increased from £4.00 to £5.70 per prescription item. The advance payment is adjusted, where necessary, at the end of the first six months to equate to the average monthly cost of total prescription items dispensed over the period and is reviewed annually thereafter by reference to the average monthly cost over the last six months of the previous year. The advance payment is retained by the pharmacy while it is a participant in the Scheme. At the end of 1991 advance payments to pharmacies amounted to £6,669,461 (increase of 3.7% on 1990).
- 12. SCALE OF FEES AND ALLOWANCES PAYABLE TO DOCTORS AND PHARMACIES IN 1991:**
- 12.1 The scale of fees and allowances payable to participating doctors in 1991 is given in Tables 27 and 27.1.
- 12.2 The scale of fees and allowances payable to participating pharmacies in 1991 is given in Table 27.2.
- 12.3 Payments to doctors for consultations to eligible persons and to pharmacies for dispensing to them are made by reference to the agreed scale of fees (Table 27). Expenses necessarily incurred by participating doctors and pharmacies in providing these services are not separately identified in the agreed scale.
- 12.4 In 1991 there were Arbitration Board hearings of a claim by doctors for a 40% increase in fees and allowances and by pharmacists for an additional basic fee each time they dispense a repeat prescription form. The outcome of these hearings had not been promulgated at year end.
- 13. INVESTIGATING GROUPS AND APPEALS COMMITTEES — PRE-MARCH 1989 AGREEMENT:**
- 13.1 The agreement which applied to all doctors up to 1st March 1989 and which continues to apply to those doctors who did not enter into the revised agreement operative from that date provides for investigating group and appeals committee hearings in relation to rates of attendance which appear to be excessive or in any other way unreasonable or in relation to prescribing which appears to be abnormal. There were no such hearings in 1991.
- 14. COMPLAINTS COMMITTEES — DOCTORS:**
- 14.1 In February 1991 the Supreme Court, by unanimous decision upheld an appeal by the Mid-Western Health Board against the granting by the

High Court in July 1989 of an application by two doctors, in partnership, to have quashed an order made by the Minister for Health. The ministerial order had set up a committee under the Health Services Regulations 1972 to hear a complaint made against the doctors. The subsequent hearing by the committee of the complaint against one of the doctors had been completed by the end of the year and a decision was awaited. The hearing in the case of the second doctor had not been completed.

14.2 In November 1991 a Committee established to hear a complaint against two doctors in the Western Health Board area upheld the complaint and recommended that each of the doctors be admonished.

15. COMPLAINTS COMMITTEES — PHARMACISTS:

15.1 In May 1991 a committee established under the terms of the contract for the provision of pharmaceutical services upheld a complaint against a pharmacist in the Mid-Western Health Board area relating to an error in dispensing. The committee recommended that the pharmacist be admonished.

15.2 In September 1991 the High Court refused an application by a pharmacist in the Southern Health Board area for a judicial review of a decision to have a complaint against her referred to a committee. Following termination by the pharmacist of her contract the health board informed the committee that it was not proceeding with the complaint.

16. NUMBERS PARTICIPATING IN SCHEME:

16.1 The number of persons covered by medical cards as at 31st December 1991 was 1,237,772, an increase of 16,488 (1.35%) on the number covered as at 31st December 1990. The average number of persons during 1991 was 1,230,789 compared to an average of 1,234,395 during 1990; a decrease of 3,606 (0.3%). The number of doctors holding contracts in the Scheme as at 31st December 1991 was 1,586; an increase of 8 on the number as at

31st December 1990. The number of pharmacies holding contracts at 1,084 was an increase of 5 on the number as at 31st December 1990.

17. SIZE OF PANELS:

17.1 The number of doctors with panels of less than 500 persons decreased from 526 to 505 (31.8% of doctors in 1991 and 33.3% in 1990); the number with panels of 500 and less than 1,000 increased from 569 to 596 (37.6% of doctors in 1991 and 36.0% in 1990); the number with panels of 1,000 and less than 1,500 decreased from 359 to 351 (22.1% of doctors in 1991 and 22.8% in 1990); the number with panels of 1,500 and less than 2,000 increased from 115 to 123 (7.8% of doctors in 1991 and 7.3% in 1990) and the number of doctors with panels of 2,000 and over increased from 9 to 11 (0.7% of doctors in 1991 and 0.6% in 1990).

18. PAYMENTS:

18.1 A total of £175,938,706 was paid to doctors and pharmacies in respect of fees, allowances and medicines for 1991 under the General Medical Services Scheme, compared with £167,424,464 for 1990, an increase of 5.1%.

19. PAYMENTS TO DOCTORS:

19.1 Doctors were paid £56,058,186 in fees and allowances for 1991; compared with £53,565,211 for 1990; an increase of 4.7%.

19.2 The overall payment in doctors fees and allowances per panel person was £45.55 in 1991 compared with £43.39 in 1990 (increase of 5.0%).

20. MEDICINES:

20.1 The amount paid for medicines in respect of 1991 was £119,880,520, an increase of £6,021,267 (5.3%) on the 1990 figure. The basic cost of the medicines accounted for £93,025,778 (up 4.7%), pharmacy fees for £23,907,929 (up 8.7%) and V.A.T. for £2,946,813 (down 1.9%).

20.2 The amount paid to pharmacies in respect of prescriptions increased from £107,207,823 to £113,259,787 (up 5.6%) and the amount paid to pharmacies in respect of stock orders (medicines supplied to Dispensing Doctors) decreased from £5,887,495 to £5,850,775 (down 0.6%). The amount paid to pharmacies in respect of needles, syringes and dressings supplied to doctors increased from £763,935 to £769,958 (up 0.8%).

20.3 The overall cost of medicine per panel person, including those dispensed to by their doctors, was £97.40 in 1991 compared with £92.24 in 1990 (increase of 5.6%).

20.4 While the average number of eligible persons during 1991 was 0.3% lower than the figure for 1990, the number of items prescribed increased by 5.8% to 15,478,040. The number of prescription forms issued also increased by 5.8% and totalled 7,546,253. Compared with 1989 there was an increase of 8.4% in the number of items prescribed despite a drop of 4.5% in the average number of eligible persons.

20.5 The average number of prescription items per prescription form was unchanged at 2.05.

20.6 The slight variations which occurred in 1991 in the percentage of prescription forms in the categories of one to eight items are illustrated in Table 16. Table 16.1 shows that there was an increase in the year in the percentage of persons who received 11 or more prescription forms (up 1.27% to 27.29% of persons who received prescription forms).

20.7 The average cost per prescription form was £15.01 compared with £15.02 in 1990. The average cost per prescription item was unchanged at £7.32.

20.8 The cost of medicine per panel person under five years of age was £31.42 (increase of 8.7%), five years and under sixteen was £23.80 (increase of 9.7%), sixteen and under forty five was £62.52 (increase of 7.0%), forty five and under sixty five was £145.55 (increase of 4.8%) and sixty five years

and over was £182.24 (increase of 4.2%) (see Table 14).

21. INGREDIENT COST OF MEDICINES:

- 21.1 The total amount paid for the ingredient cost of medicines supplied, i.e. cost exclusive of pharmacists' fees, rose by 4.7%.
- 21.2 In 1991 the ingredient cost of medicines accounted for 52.9% of the total payment of £175,938,706 to doctors and pharmacists for fees, allowances and medicines. In 1990 the ingredient cost of medicines accounted for 53.1% of the total payment.
- 21.3 The average ingredient cost per prescription item was £5.68 compared with £5.72 in 1990 (decrease 0.7%). This decrease in average ingredient cost was brought about by the current agreement between the Department of Health and the Federation of Irish Chemical Industries on drug prices.
- 21.4 The agreement entered into in 1990 between the Department of Health and the Federation of Irish Chemical Industries, which replaced with effect from 1st August 1990, earlier agreements between them, eliminated the margin (up to 10%) by which the wholesale price of drugs and medicines supplied to the health services might exceed the wholesale price obtaining in the United Kingdom.
- 21.5 Under the agreement, which covers the period 1st August 1990 to 31st July 1993 (twelve months' notice to renegotiate may be given by either party after 31st July 1992), the price to wholesaler of any item of medicine available in Ireland on 1st August 1990 shall not exceed the United Kingdom Wholesale Price (adjusted for currency difference). The wholesale price of any item of medicine introduced to Ireland after 1st August 1990 shall not exceed the lesser of the currency adjusted U.K. Wholesale Price and the average of the currency adjusted wholesale prices in the following E.C. States, Denmark, France, Germany, The Netherlands and the U.K.

- 21.6 Price realignment under the agreement would take place on 1st August 1990, 1991 and 1992. Accordingly prices, after reduction where in excess of U.K. currency adjusted prices, were effectively frozen as from 1st August 1990 for a period of twelve months. Price realignments are not to result in an increase in the wholesale price level above the currency adjusted average increase in the wholesale prices in the five E.C. countries named in paragraph 21.5 above.
- 21.7 If the cumulative cost of medicines in the G.M.S. Scheme from 1st August 1990 to 31st July 1993 computed at Irish Wholesale Price, exceeds the cumulative cost computed at currency adjusted U.K. Wholesale Price, the cumulative excess will be repaid to the Scheme.
- 21.8 The agreement makes provision for payment to the Board by pharmaceutical manufacturers/importers of a rebate of 2% of the value of their products dispensed under the Scheme. The rebate was 5% under the previous agreement and for the months August to December 1990 inclusive. Amounts received by the Board in 1991 in rebate from pharmaceutical manufacturers/importers totalled £2,985,120.
- 21.9 In 1991 the Board continued the arrangement for issue to general practitioners in the Scheme of the fortnightly 'Drug and Therapeutics Bulletin' publication.
- 21.10 In the course of the review of the agreement of March 1989 (see Section 10), it was agreed with the Irish Medical Organisation that, as part of a co-ordinated drugs strategy, indicative drug targets would be determined for all doctors in the G.M.S. Scheme. It was further agreed that these targets would be based on the best information available and that they would be refined and adjusted annually. This process commenced in 1991 when indicative figures were circulated for a six month period. Following an analysis of the information gathered therefrom, including feedback from doctors, the methodology used was revised

following consultation with the Irish Medical Organisation before being applied in determining 1992 targets.

- 21.11 In 1985 pharmacists were advised that where a doctor prescribed a preparation without specifying a manufacturer's name or brand and the pharmacist receives such prescriptions with reasonable frequency the pharmacist will be expected to dispense one of the less expensive, if not the least expensive, of the preparations of the drug properly available to the market. This notification arose from the wide divergence in the prices being charged by manufacturers for equivalent preparations of the same drug, particularly in the case of drugs of considerable usage. This wide divergence was brought to the attention of doctors and pharmacists.
- 21.12 The Board introduced an arrangement in 1980 for payment to pharmacies in advance of normal payment dates of the cost incurred by them in dispensing an item of high ingredient cost where such early payment is requested. The arrangement at present covers any item with a minimum ingredient cost of £70. The minimum figure is subject to review.
- ## 22. REPEAT PRESCRIPTIONS:
- 22.1 In March 1991 a repeat prescription facility was introduced into the G.M.S. Scheme to obviate the need for patients on maintenance therapy to return each month to a doctor solely for a renewal of a prescription. On being issued with a repeat prescription the patient is able to have his/her medication dispensed on three occasions before having to return to the doctor for a renewal of the prescription. In the ten months to the end of the year 938,754 prescription forms were issued under this arrangement and these accounted for 14.9% of all prescription forms issued in this period.
- ## 23. NATIONAL DRUGS FORMULARY:
- 23.1 In February 1991 a National Drugs Formulary which had been prepared by a joint working party of

representatives of the Department of Health and the Irish Medical Organisation was circulated to each doctor and pharmacist in the G.M.S. Scheme.

23.2 The overall objective of the Formulary is to achieve rational use of medicines through safe, cost-effective prescribing. Towards this end the Formulary sets out (i) to encourage the prescribing of medicines where they are essential only (ii) to provide an appropriate choice of medicine for the treatment of complaints presented by the majority of patients in the course of medical practice (iii) to be a practical, speedy and useful reference source for prescribers and (iv) to encourage the use of non-proprietary (i.e. generic) names in prescribing except in the case of those preparations presenting bioavailability problems, where the particular manufacturers' or brand names may be used.

24. VALUE ADDED TAX:

24.1 Payments made by the Board to pharmacies in respect of value added tax payable by them on the ingredient cost and fee of G.M.S. prescription items amounted to £2,946,813 for 1991 (1990 — £3,004,956).

24.2 The items on which value added tax is payable are published in detail by the Revenue Commissioners. The following is a summary in general terms of the application as at 31st December 1991 of V.A.T. on payments made by the Board:

Zero rating	—	Oral medicines; foods; ostomy appliances.
21% rating (reduced from 23% in March 1991)	—	Preparations for injection or intravenous administration; preparations for external application; syringes and needles; some urinary appliances; dressings; eye and ear drops and ointments; suppositories; diagnostic tests.

25. DRUG COST SUBSIDISATION SCHEME:

25.1 The Minister for Health introduced a new scheme with effect as from 1st September 1990 for the benefit of persons who do not have a medical card and who are certified as having a regular and on-going requirement for prescribed medicines costing in excess of a specified amount per month, (£32 during 1991), for a medical condition not covered by the Long Term Illness Scheme. Under the terms of the scheme such persons, on authorisation by the local health board, do not have to pay more than the specified amount to their pharmacist. The balance due to the pharmacist is paid by the General Medical Services (Payments) Board, who operate the scheme on behalf of the health boards.

25.2 Decisions relating to patient eligibility and medication qualifying for payment are the responsibility of the local health board.

25.3 The number of approved applicants as at the end of the year was 20,178 and the amount paid by the Board to pharmacists under the Drug Cost Subsidisation Scheme in respect of January to December 1991 was £6,355,344.

26. LONG TERM ILLNESS SCHEME:

26.1 The Long Term Illness Scheme enables persons, irrespective of income, who suffer from one of a schedule of illnesses to obtain without charge, on authorisation by the local health board, the drugs, medicines and/or appliances certified as being necessary for the patient in the treatment of the illness.

26.2 On and from 1st May 1991 responsibility for payments to pharmacists in respect of claims made under the Long Term Illness Scheme was transferred from the health boards to the General Medical Services (Payments) Board.

26.3 Decisions relating to patient eligibility and medication qualifying for payment are the responsibility of the local health board.

26.4 The number of approved applicants as at the end of the year was 47,223 and the amount paid by the Board to pharmacists in respect of May to December 1991 was £6,899,252.

27. PRESCRIPTIONS FOR E.C. VISITORS:

27.1 On and from 1st January 1991 responsibility for payments to pharmacists in respect of prescriptions dispensed for E.C. Visitors was transferred from the health boards to the General Medical Services (Payments) Board.

27.2 Pharmacists were paid a total of £413,746 by the Board in respect of prescriptions dispensed in 1991 for E.C. Visitors. The payment covered 36,620 prescription items.

28. TOTAL PAYMENT FOR FEES, ALLOWANCES AND MEDICINES:

28.1 Payments made by the Board to doctors and pharmacies in respect of fees, allowances and medicines for 1991 under the General Medical Services Scheme, the Drug Cost Subsidisation Scheme, the Long Term Illness Scheme and the provision for dispensing to E.C. Visitors totalled £189,607,048. In addition, £2,540,208 was paid in superannuation benefits in respect of Retired District Medical Officers.

29. WITHHOLDING TAX FROM PAYMENTS FOR PROFESSIONAL SERVICES:

29.1 Under the provisions of the Finance Act, 1987 the Board is obliged to make a deduction, at the standard rate of tax, in respect of withholding tax from payments for professional services and to pay over to the Revenue Commissioners each month the amounts so deducted. Each month the Board also has to provide to the Revenue Commissioners and to the persons from whom the deduction is made relevant completed documentation accounting for the deductions made.

30. BOARD'S COMPUTER SYSTEMS:

30.1 In November 1991, in a further stage in the implementation of an Information Technology Strategic Plan, a firm of outside consultants commenced the Analysis Phase of the systems development project. This phase of the project which was still in progress at the end of the year encompasses a complete Data Analysis and Functional Analysis of the claims and payments systems, an Organisational Impact Analysis, a Request for Proposals to Vendors for hardware and software development, the evaluation and selection of a hardware vendor and the selection of a development environment.

31. MEETINGS TO DISCUSS MATTERS RELATED TO THE OPERATION OF THE SCHEME:

31.1 Meetings were held during the year between representatives of the Board and representatives of the Irish Medical Organisation and between representatives of the Board and representatives of the Irish Pharmaceutical Union to discuss matters relating to the operation of the Scheme.

32. AUDITOR'S REPORT ON BOARD'S ACCOUNTS FOR YEAR ENDED 31ST DECEMBER 1990:

32.1 The Local Government Auditor's Report on the Board's Accounts for year ended 31st December 1990 was made to the Minister for Health in July 1991. The Auditor was again concerned at perceived deficiencies in the means open to the Board to monitor the Schemes effectively and to establish satisfactory audit trails to patient level.

32.2 In the absence of specific provisions under its Establishment Order or under the terms of the scheme contracts which would enable it to do so, the Board is not in a position to insist on the degree of certification which it believes would satisfy the Auditor. However the Board continues to utilise such means as are available to it, including where indicated the services of its Medical Officer and Pharmaceutical Officer, to check on the accuracy

and reasonableness of claims made on it for payment.

33. EMPLOYMENT — EQUALITY OF OPPORTUNITY:

33.1 The General Medical Services (Payments) Board is an equal opportunities employer.

34. NEW DRUGS DIVISION — DEPARTMENT OF HEALTH:

34.1 The Board co-operated with the Department of Health in the setting up of a Drugs Division to develop appropriate protocols and information systems in the area of drug prescribing and dispensing.

35. EXPENDITURE ON ADMINISTRATION:

35.1 The Board's expenditure on administration in the year ended 31st December 1991 was £2,495,409 which represented 1.30% of total expenditure. (The 1990 figure of £2,030,231 represented 1.19% of expenditure). Salaries and wages, office premises costs, bank charges, computer hardware and software costs, computer charges, consultancy fees, telephone and postage were the main items of increased cost.

35.2 The transfer to the Board of responsibility for payments under the Drug Cost Subsidisation Scheme, the Long Term Illness Scheme and E.C. Visitor arrangements (See sections 25, 26 and 27), additional duties arising out of amendments to the provisions of the G.M.S. Scheme and costs relating to the development and expansion of the Board's computer systems accounted for a substantial part of the increase in administration expenditure over that for 1990.

**SUMMARY OF STATISTICAL INFORMATION RELATING TO YEARS ENDED
31st DECEMBER 1991 AND 31st DECEMBER 1990.**

1. 1,586 doctors and 1,084 pharmacies were registered under the General Medical Services Scheme as at 31st December 1991 and 1,578 doctors and 1,079 pharmacies as at 31st December 1990.
2. The number of persons covered by the Scheme as at 31st December 1991 was 1,237,772 (35.13% of the December 1991 population). The number of persons covered as at 31st December 1990 was 1,221,284 (34.86% of the December 1990 population).
3. A total of £175,938,706 was paid to participating doctors and pharmacies in respect of fees, allowances and medicines for 1991 compared with £167,424,464 for 1990. An amount of £2,540,208 was also paid in superannuation benefits in respect of retired District Medical Officers (£2,217,548 in 1990).
4. Doctors were paid £56,058,186 in fees and allowances for the year ended 31st December 1991 and £53,565,211 for the year ended 31st December 1990.
5. The amount paid for medicines for the year ended 31st December 1991 was £119,880,520 (Ingredient Cost £93,025,778 Pharmacy Fees £23,907,929 and V.A.T. £2,946,813) and for the year ended 31st December 1990 was £113,859,253 (Ingredient Cost £88,861,265 Pharmacy Fees £21,993,032 and V.A.T. £3,004,956).
6. The payment per eligible person in the Scheme in respect of fees, allowances and medicines for the year ended 31st December 1991 was £142.95 and for the year ended 31st December 1990 was £135.63.
7. The Board also paid a total of £13,668,342 to pharmacies under the Drug Cost Subsidisation Scheme, the Long Term Illness Scheme and the provision for dispensing for E.C. Visitors (D.C.S.S. £6,355,344, L.T.I.S. £6,899,252 and E.C. £413,746).

Note: Arrears paid to doctors (see paragraphs 10.3 and 10.4 page 8) in January 1992 of Capitation Fees and Superannuation amounting to £868,988 for 1989, £585,450 for 1990 and £1,020,026 for 1991 are not included above.

STATISTICS IN GREATER DETAIL ARE GIVEN IN THE FOLLOWING PAGES.

Summary of Accounts for year ended 31st December 1991.

INCOME AND EXPENDITURE ACCOUNT		
	1991 IR£	1990 IR£
EXPENDITURE		
Administration	3,086,399	2,410,302
Medical Services	60,223,450	55,815,846
Pharmaceutical Services	133,197,590	114,854,057
Other Expenses	252,481	235,746
	196,759,920	173,315,951
INCOME		
Recoupment from Health Boards	194,811,169	167,660,143
Manufacturers Rebate	1,811,160	5,529,283
Other Receipts	184,464	178,128
	196,806,793	173,367,554
Balance for year	46,873	51,603
Accumulated Fund 1st Jan. 1991	345,716	294,113
	392,589	345,716
Accumulated Fund 31st Dec. 1991	392,589	345,716

BALANCE SHEET		
	1991 IR£	1990 IR£
FIXED ASSETS	392,589	345,716
CURRENT ASSETS		
DEBTORS		
Health Boards	52,595,952	36,983,673
Pharmaceutical Manufacturers	1,043,684	2,214,988
	53,639,636	39,198,661
Advance Payments to Pharmacists	6,660,758	6,433,602
Cash and Bank	(29,443,439)	(21,129,547)
	30,856,955	24,502,716
CREDITORS		
Doctors Fees	5,707,540	3,786,918
Pharmacists Claims	24,689,645	20,359,471
Sundry Creditors	459,770	356,327
	30,856,955	24,502,716
REPRESENTED BY:		
Accumulated Fund (Note i)	392,589	345,716

- Note: (i) The Accumulated Fund represents the Fixed Assets of the Board.
(ii) The Board's Summary of Accounts has been prepared on an Income and Expenditure basis.
(iii) The above Summary of Accounts is presented subject to Audit.

Table 1. Summary of Statistical Information for each of the five years 1987 — 1991.

Year ended December: —	1987	1988	1989	1990	1991	Year ended December: —	1987	1988	1989	1990	1991
Number of persons covered by Medical Cards as at 31st December: —	1,342,233	1,324,849	1,256,818	1,221,284	1,237,772	Doctors: —	(000's)	(000's)	(000's)	(000's)	(000's)
						Total Cost	£38,996	£44,601	£50,711	£53,565	£56,058
						Pharmacies: —					
Doctors cost per Eligible Person	£29.39	£33.19	£39.35	£43.39	£45.55	Number of Forms	6,839	7,055	7,132	7,136	7,546
Cost per Form	£11.67	£12.37	£14.15	£15.02	£15.01	Number of Items	13,316	13,818	14,282	14,636	15,478
Cost per Item	£5.99	£6.31	£7.06	£7.32	£7.32	Total Cost of Prescriptions	£79,807	£87,245	£100,885	£107,208	£113,260
Ingredient Cost per Item	£4.58	£4.82	£5.50	£5.72	£5.68	Ingredient Cost	£61,020	£66,602	£78,557	£83,765	£87,930
Items per Form	1.95	1.96	2.00	2.05	2.05	Dispensing Fee	£16,849	£18,462	£19,708	£20,719	£22,634
Cost of Medicine per Eligible Person	£62.47	£69.01	£83.32	£92.24	£97.40	V.A.T.	£1,938	£2,181	£2,620	£2,724	£2,696
Overall cost per Eligible Person	£91.86	£102.20	£122.67	£135.63	£142.95	Total Cost of Stock Orders (Incl. Needles & Syringes)	£3,828	£5,486	£6,499	£6,651	£6,621
						Ingredient Cost	£2,899	£4,188	£4,978	£5,096	£5,096
						Pharmacy Fees	£725	£1,047	£1,245	£1,274	£1,274
						V.A.T.	£204	£251	£276	£281	£251
						TOTAL COST OF MEDICINES	£83,635	£92,731	£107,384	£113,859	£119,881

Note: Arrears paid to doctors (see paragraphs 10.3 and 10.4 page 8) in January 1992 of Capitation Fees and Superannuation amounting to £868,988 for 1989, £585,450 for 1990 and £1,020,026 for 1991 are not included above.

Table 2. Number of Doctors participating in the G.M.S. Scheme.

Health Board	As at 31st December 1991	As at 31st December 1990
Eastern	508	505
Midland	96	95
Mid-Western	141	136
North Eastern	120	119
North Western	108	102
South Eastern	177	179
Southern	255	260
Western	181	182
TOTAL	1,586	1,578

Note: Where a doctor has a contract with more than one health board, he/she is only included in the above table in the figure for the health board wherein the majority of his/her panel reside.

Table 3. Number of Pharmacies participating in the G.M.S. Scheme.

Health Board	As at 31st December 1991	As at 31st December 1990
Eastern	366	363
Midland	62	62
Mid-Western	97	99
North Eastern	94	92
North Western	61	62
South Eastern	121	117
Southern	166	172
Western	117	112
TOTAL	1,084	1,079

Table 4. The overall payment per eligible person.

Health Board	Year ended 31st December 1991			Year ended 31st December 1990		
	Doctors	Pharmacies	Total	Doctors	Pharmacies	Total
	£	£	£	£	£	£
Eastern	40.09	95.21	135.30	39.99	90.09	130.08
Midland	47.22	95.09	142.31	45.54	90.77	136.31
Mid-Western	46.92	106.25	153.17	43.04	101.21	144.25
North Eastern	44.20	94.95	139.15	42.33	88.86	131.19
North Western	48.86	93.06	141.92	46.13	90.19	136.32
South Eastern	48.40	97.18	145.58	45.21	90.67	135.88
Southern	48.24	103.75	151.99	44.95	97.61	142.56
Western	49.45	95.45	144.90	45.78	91.25	137.03
NATIONAL	£45.55	£97.40	£142.95	£43.39	£92.24	£135.63

Table 5. Number of Doctors in eligible person cost categories.

As at 31st December 1991 (As at 31st December 1990 in brackets).

Number of Doctors with an annual cost per eligible person of: —											
Health Board	Up to £80	£80<£100	£100<£120	£120<£140	£140<£160	£160<£180	£180<£200	£200<£220	£220<£240	£240<£260	£260 and over
Eastern	13 (15)	38 (55)	73 (94)	127 (131)	115 (107)	71 (45)	30 (27)	10 (7)	7 (5)	4 (2)	8 (4)
Midland	— (1)	5 (4)	11 (18)	29 (28)	28 (24)	14 (11)	5 (1)	— (1)	—	—	—
Mid-Western	—	2 (3)	14 (19)	28 (34)	40 (31)	27 (27)	15 (12)	5 (2)	2 (1)	— (1)	1 (1)
North Eastern	2 (2)	2 (5)	28 (33)	41 (39)	29 (27)	9 (5)	4 (3)	2 (1)	—	2 (—)	—
North Western	1 (—)	5 (8)	20 (22)	30 (34)	25 (19)	9 (7)	4 (4)	7 (6)	—	—	—
South Eastern	1 (3)	12 (13)	18 (31)	48 (55)	52 (38)	27 (20)	12 (4)	5 (1)	— (1)	—	2 (1)
Southern	1 (1)	4 (14)	32 (36)	61 (78)	61 (51)	50 (34)	21 (18)	10 (8)	3 (2)	2 (—)	— (1)
Western	3 (2)	9 (15)	21 (30)	43 (52)	58 (47)	30 (17)	8 (5)	3 (2)	1 (1)	1 (—)	1 (1)
NATIONAL	21 (24)	77 (117)	217 (283)	407 (451)	408 (344)	237 (166)	99 (74)	42 (28)	13 (10)	9 (3)	12 (8)

Note: Doctors not in the G.M.S. Scheme for the full year have been excluded from this table.

Table 6. Number of persons covered by Medical Cards.

Health Board	Number of persons (including dependants) and % of population* covered by Medical Cards as at: —				Health Board	Number of persons (including dependants) and % of population* covered by Medical Cards as at: —			
	31/12/1991		31/12/1990			31/12/1991		31/12/1990	
	No.	%	No.	%		No.	%	No.	%
EASTERN					NORTH WESTERN				
Dublin	291,860	28.49	287,243	28.12	Donegal	68,336	53.39	66,229	51.08
Wicklow	32,378	33.28	31,022	32.81	Leitrim	12,037	47.58	12,216	45.19
Kildare	33,215	27.11	31,489	27.09	Sligo	20,296	37.08	19,825	35.37
TOTAL	357,453	28.73	349,754	28.38	TOTAL	100,669	48.39	98,270	46.19
MIDLAND					SOUTH EASTERN				
Longford	15,156	50.03	14,534	46.15	Carlow	16,067	39.24	15,845	38.66
Westmeath	23,520	38.01	24,127	38.07	Kilkenny	26,241	35.65	25,491	34.83
Offaly	23,102	39.53	22,648	37.85	Tipperary S.R.	28,843	38.56	28,213	36.59
Laois	20,950	40.04	21,096	39.59	Waterford	31,944	34.87	30,895	33.89
TOTAL	82,728	40.76	82,405	39.62	Wexford	38,676	37.90	37,989	37.04
					TOTAL	141,771	37.02	138,433	35.96
MID-WESTERN					SOUTHERN				
Clare	30,633	33.73	29,554	32.35	Cork	130,613	31.87	128,112	31.04
Limerick	53,670	33.16	52,235	31.74	Kerry	45,081	37.04	44,517	35.85
Tipperary N.R.	20,642	35.69	20,423	34.31	TOTAL	175,694	33.05	172,629	32.15
TOTAL	104,945	33.80	102,212	32.40					
NORTH EASTERN					WESTERN				
Cavan	22,887	43.38	23,350	43.27	Galway	74,104	41.10	75,673	42.38
Louth	36,415	40.15	37,113	40.42	Mayo	58,120	52.50	57,944	50.31
Meath	36,693	34.77	36,575	35.21	Roscommon	24,841	47.89	25,615	46.92
Monaghan	21,452	41.85	21,311	40.69	TOTAL	157,065	45.81	159,232	45.71
TOTAL	117,447	39.11	118,349	39.18					
					GRAND TOTAL	1,237,772	35.13%	1,221,284	34.86%

Note: (i) *The population figures for 1991 for each county are taken from the Census of Population (Preliminary Figures) - 1991.

(The population figures for 1990 for each county were taken from the Census of Population - 1986).

The official C.S.O. estimate of population at 31st December 1991 is 3,523,401. (1990 - 3,503,000).

(ii) Average number of Medical Cards in 1991 was 703,790 covering 1,230,789 persons. (Average number of persons covered by a Medical Card was 1.75).

(iii) Of the 1,237,772 persons covered by Medical Cards at 31st December 1991, 565,829 (45.7%) were males and 671,943 (54.3%) were females.

Table 7. Size of panels of Doctors.

As at 31st December 1991 (As at 31st December 1990 in brackets).

Health Board	Number of Doctors with panels of: —						
	Less than 250 persons	250 — 499	500 — 999	1,000 — 1,499	1,500 — 1,999	2,000 — 2,499	2,500 and over
Eastern	114 (116)	105 (107)	151 (150)	95 (94)	38 (35)	5 (3)	—
Midland	10 (9)	13 (16)	39 (32)	21 (26)	12 (11)	1 (1)	—
Mid-Western	15 (17)	23 (25)	69 (64)	26 (25)	7 (4)	1 (1)	—
North Eastern	4 (7)	12 (9)	47 (45)	46 (46)	11 (12)	—	—
North Western	15 (17)	14 (7)	31 (33)	28 (24)	20 (21)	—	—
South Eastern	16 (18)	26 (26)	86 (87)	35 (38)	13 (10)	1 (—)	—
Southern	44 (53)	53 (55)	102 (95)	44 (45)	10 (10)	2 (2)	—
Western	23 (29)	18 (15)	71 (63)	56 (61)	12 (12)	1 (2)	—
TOTAL	241 (266)	264 (260)	596 (569)	351 (359)	123 (115)	11 (9)	—

Table 8. Payments to Doctors.

		Year Ended 31st December 1991	Year Ended 31st December 1990
		£	£
FEES	— Item of Service Contract	1,515,609	1,402,828
	— Capitation	39,059,955	37,652,564
	— Special Claims/Services	1,991,157	1,963,700
	— Out-of-Hours	1,316,410	1,307,736
	— Dispensing	498,420	490,104
ALLOWANCES	— Annual Leave	1,819,017	1,822,434
	— Locum and Practice Expenses	32,875	38,342
	— Sick Leave	305,230	357,353
	— Maternity Leave	32,897	4,146
	— Rural Practice	986,735	926,156
	— Secretarial/Nursing	4,208,842	3,534,673
	— Study Leave	208,580	152,352
SALARIES	— Some Former District Medical Officers	319,089	325,986
SUPERANNUATION FUND	— Contribution	3,763,370	3,586,837
TOTAL		£56,058,186	£53,565,211

Note: (i) Payment of superannuation benefits in respect of retired District Medical Officers, which in 1991 amounted to £2,540,208 (£2,217,548 in 1990) is not included above.
(ii) Arrears of Capitation Fees and Superannuation of £868,988 for 1989, £585,450 for 1990 and £1,020,026 for 1991 which were paid in January 1992 are not included above.
(See paragraphs 10.3 and 10.4 page 8).

Table 9. Payment to Doctors in each Health Board area.

Health Board	Year ended 31st December 1991	Year ended 31st December 1990
	£	£
Eastern	14,227,568	14,095,739
Midland	3,907,255	3,729,531
Mid-Western	4,877,062	4,409,327
North Eastern	5,196,594	5,044,557
North Western	4,865,850	4,556,418
South Eastern	6,811,070	6,395,954
Southern	8,408,728	7,911,957
Western	7,764,059	7,421,728
TOTAL	£56,058,186	£53,565,211

Table 10. Number of Special Type Consultations and Out-of-Hours claims under Capitation Contract.

Health Board	No. of Temporary Resident Claims		No. of E.C. Visitor Claims		No. of Emergency Claims		No. of Out-of-Hours Claims		Total No. of Claims	
	1991	1990	1991	1990	1991	1990	1991	1990	1991	1990
Eastern	17,089	15,309	6,816	6,110	688	1,208	18,775	18,158	43,368	40,785
Midland	7,957	8,083	1,938	1,418	998	812	6,261	6,169	17,154	16,482
Mid-Western	6,472	5,921	2,725	2,156	311	396	5,264	5,299	14,772	13,772
North Eastern	4,679	4,413	2,952	2,690	166	287	4,637	5,054	12,434	12,444
North Western	4,422	3,843	7,684	6,830	245	399	6,777	7,297	19,128	18,369
South Eastern	8,401	7,803	4,677	3,846	631	726	11,290	11,567	24,999	23,942
Southern	8,807	7,916	8,406	7,102	514	708	12,725	12,907	30,452	28,633
Western	10,301	9,152	5,588	4,740	513	639	9,554	10,406	25,956	24,937
NATIONAL	68,128	62,440	40,786	34,892	4,066	5,175	75,283	76,857	188,263	179,364

Table 10.1 Payment to Doctors for Special Type Consultations and Out-of-Hours claims under Capitation Contract.

Health Board	Cost of Temporary Resident Claims		Cost of E.C. Visitor Claims		Cost of Emergency Claims		Cost of Out-of-Hours Claims		Total Cost of Claims	
	1991	1990	1991	1990	1991	1990	1991	1990	1991	1990
	£	£	£	£	£	£	£	£	£	£
Eastern	89,069	78,893	67,247	58,756	7,858	13,060	304,111	286,244	468,285	436,953
Midland	40,542	41,687	19,243	13,834	10,752	8,652	111,856	107,260	182,393	171,433
Mid-Western	36,639	31,927	27,600	21,210	3,597	4,384	93,228	91,632	161,064	149,153
North Eastern	26,651	25,213	29,753	26,366	2,184	3,494	80,327	86,181	138,915	141,254
North Western	24,782	20,744	78,532	68,581	3,063	5,127	126,633	132,369	233,010	226,821
South Eastern	46,130	41,419	48,114	37,891	7,805	8,595	198,227	194,434	300,276	282,339
Southern	50,139	43,420	85,022	70,135	5,801	7,896	226,628	224,393	367,590	345,844
Western	56,778	49,318	56,522	47,245	6,145	7,252	175,400	185,223	294,845	289,038
NATIONAL	£370,730	£332,621	£412,033	£344,018	£47,205	£58,460	£1,316,410	£1,307,736	£2,146,378	£2,042,835

Table 11. Analysis of Special Items of Service provided under Capitation Contract.

Type of Service*	No. of Claims 1991	No. of Claims 1990	Cost of Claims 1991	Cost of Claims 1990
			£	£
(i) Excisions: Warts, Verruca etc.	27,085	27,450	283,417	279,712
(ii) Suturing: Cuts and Lacerations	13,962	13,894	146,498	141,516
(iii) Hydroceles: Draining of	843	1,016	8,822	10,353
(iv) Haemorrhages: Dental/Nasal	1,188	1,359	12,431	13,841
(v) Veins: Recognised treatment	415	694	4,323	7,071
(vi) E.C.G.: Tests and interpretation	16,773	14,189	175,547	144,611
(vii) Diaphragm: Instruction in the fitting of	641	773	6,720	7,872
(viii) Eye: Removal of adherent foreign body	3,658	3,970	38,352	40,445
(ix) Ear/Nose/Throat: Removal of foreign body	3,605	4,521	37,731	46,055
(x) Nebuliser: Treatment in the case of acute episodic asthmatic attack	26,023	28,214	408,060	431,188
(xi) Bladder: Catheterization	2,707	3,043	42,487	46,494
(xii) Case Conference:	210	202	5,465	5,135
TOTAL	97,110	99,325	£1,169,853	£1,174,293

Note: *Abbreviated description (see paragraph 8.3 page 7).

Table 11.1 Number of Doctors providing Special Services* under Capitation Contract.

	No. of Doctors as at 31st December 1991	No. of Doctors as at 31st December 1990
Providing all 12 services	533	535
Providing 11 services	284	289
Providing 10 services	223	228
Providing 9 services	161	160
Providing 8 services	100	101
Providing 7 services	52	57
Providing 6 services	47	41
Providing 5 services	26	20
Providing 4 services	14	13
Providing 3 services	11	6
Providing 2 services	13	8
Providing 1 service	13	8
TOTAL	1,477	1,466

Note: *See paragraph 8.3 page 7.

Table 12. Visiting rate categories for Doctors continuing on Fee-Per-Item of service.

NATIONAL Year ended 31st December 1991 (Year ended 31st December 1990 in brackets).												
Doctors with Panels of: —	Visiting Rate: —*											
	Under 4	4 — 4.9	5 — 5.9	6 — 6.9	7 — 7.9	8 — 8.9	9 — 9.9	10 — 10.9	11 — 11.9	12 — 12.9	13 — 13.9	14 & over
100 — 249	—	— (1)	1 (—)	—	— (2)	1 (—)	2 (2)	—	—	—	—	—
250 — 499	—	—	1 (1)	3 (2)	2 (7)	3 (1)	1 (2)	—	—	—	—	—
500 — 999	—	—	1 (1)	— (2)	9 (10)	8 (7)	4 (3)	1 (—)	1 (—)	— (1)	1 (—)	—
1,000 — 1,499	—	—	—	1 (3)	4 (5)	2 (—)	1 (—)	—	—	—	—	—
1,500 — 1,999	—	—	—	2 (1)	—	—	—	—	—	—	—	—
2,000 — 2,499	—	—	— (1)	—	—	1 (1)	—	—	—	—	—	—
2,500 and over	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	—	— (1)	3 (3)	6 (8)	15 (24)	15 (9)	8 (7)	1 (—)	1 (—)	— (1)	1 (—)	—

- Note: (i) The overall visiting rate in 1991 of the doctors who continued on a fee-per-item of service contract was 8.18 (Surgery: 7.08 Domiciliary: 1.10); (1990 — Surgery: 6.69 Domiciliary: 1.05).
- (ii) Only doctors with panels of 100 persons or over and who were in the G.M.S. Scheme for the full year are included in the above table.
- (iii) *Visiting Rate is the total number of consultations divided by the total number of persons on panel.

Table 13. Drug cost per person categories for Doctors continuing on Fee-Per-Item of service.

NATIONAL Year ended 31st December 1991 (Year ended 31st December 1990 in brackets).													
Doctors with Panels of: —													
	Up to £40	£40<£50	£50<£60	£60<£70	£70<£80	£80<£90	£90<£100	£100<£110	£110<£120	£120<£130	£130<£140	£140<£150	£150 and over
100 — 249	—	—	—	—	— (1)	1 (1)	1 (2)	1 (—)	1 (—)	— (1)	—	—	—
250 — 499	—	— (1)	2 (1)	— (1)	2 (2)	— (1)	1 (3)	1 (3)	3 (—)	—	— (1)	1 (—)	—
500 — 999	—	— (1)	1 (—)	2 (2)	4 (5)	3 (2)	1 (3)	6 (3)	2 (4)	2 (3)	3 (—)	— (1)	1 (—)
1,000 — 1,499	—	—	—	2 (2)	—	— (3)	2 (2)	3 (1)	1 (—)	—	—	—	—
1,500 — 1,999	—	—	—	2 (1)	—	—	—	—	—	—	—	—	—
2,000 — 2,499	—	—	— (1)	—	—	—	—	—	1 (1)	—	—	—	—
2,500 and over	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	—	— (2)	3 (2)	6 (6)	6 (8)	4 (7)	5 (10)	11 (7)	8 (5)	2 (4)	3 (1)	1 (1)	1 (—)

Note: Only doctors with panels of 100 persons or over and who were in the G.M.S. Scheme for the full year are included in the above table.

Table 14. Drug cost by age groups.

Health Board	Age Classification					
	Under 5 years	5 — 15 years	16 — 44 years	45 — 64 years	65 years and over	Health Board Average
Eastern % of Health Board Average	£28.88 30.33%	£20.92 21.97%	£66.55 69.90%	£157.17 165.08%	£173.92 182.67%	£95.21
Midland % of Health Board Average	£31.17 32.78%	£24.33 25.59%	£59.83 62.92%	£144.41 151.87%	£190.31 200.14%	£95.09
Mid-Western % of Health Board Average	£40.07 37.71%	£26.33 24.78%	£69.01 64.95%	£150.59 141.73%	£183.80 172.99%	£106.25
North Eastern % of Health Board Average	£27.61 29.08%	£24.84 26.16%	£57.27 60.32%	£143.86 151.51%	£192.77 203.02%	£94.95
North Western % of Health Board Average	£25.99 27.93%	£18.38 19.75%	£54.98 59.08%	£125.49 134.85%	£186.47 200.38%	£93.06
South Eastern % of Health Board Average	£29.65 30.51%	£24.47 25.18%	£62.64 64.46%	£146.53 150.78%	£196.45 202.15%	£97.18
Southern % of Health Board Average	£35.93 34.63%	£29.08 28.02%	£62.35 60.10%	£147.62 142.28%	£187.88 181.09%	£103.75
Western % of Health Board Average	£35.97 37.68%	£25.17 26.37%	£57.35 60.08%	£129.52 135.69%	£171.68 179.86%	£95.45
NATIONAL % of National Average	£31.42 32.26%	£23.80 24.44%	£62.52 64.19%	£145.55 149.44%	£182.24 187.10%	£97.40

Table 15. Number of prescriptions dispensed in Pharmacies.

Health Board	Number of Forms		Number of Items		Items per Form	
	1991	1990	1991	1990	1991	1990
Eastern	2,219,524	2,094,571	4,635,990	4,362,969	2.09	2.08
Midland	501,410	469,935	1,013,365	955,813	2.02	2.03
Mid-Western	688,420	645,354	1,452,932	1,365,621	2.11	2.12
North Eastern	692,839	656,347	1,434,969	1,358,885	2.07	2.07
North Western	499,836	478,716	1,010,090	969,756	2.02	2.03
South Eastern	871,804	814,792	1,724,224	1,613,559	1.98	1.98
Southern	1,233,902	1,170,450	2,526,796	2,395,111	2.05	2.05
Western	838,518	805,687	1,679,674	1,614,350	2.00	2.00
NATIONAL	7,546,253	7,135,852	15,478,040	14,636,064	2.05	2.05

Table 16. Analysis of number of items on prescription forms*.

1991	Prescription forms having: —							
	One Item	Two Items	Three Items	Four Items	Five Items	Six Items	Seven Items	Eight Items
Number of Forms % of Total	3,583,577 47.49%	1,958,105 25.95%	970,661 12.86%	509,060 6.74%	270,785 3.59%	141,574 1.88%	73,267 0.97%	39,224 0.52%
1990								
Number of Forms % of Total	3,338,413 46.78%	1,888,715 26.47%	945,030 13.24%	490,286 6.87%	251,943 3.53%	124,258 1.74%	58,936 0.83%	38,272 0.54%

Table 16.1 Analysis of number of prescription forms*.

Total Prescription Forms Issued	No. of Persons prescribed for in	No. of persons who got prescription forms* totalling:—																
		1	2	3	4	5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	Over 60
1991	1991	1	2	3	4	5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	Over 60
7,546,253	975,671 % of Total	192,048 19.68%	127,423 13.06%	90,969 9.32%	68,277 7.00%	53,731 5.51%	176,988 18.14%	158,315 16.23%	66,128 6.78%	23,532 2.41%	9,719 1.00%	4,213 0.43%	2,028 0.21%	1,003 0.10%	542 0.05%	329 0.03%	161 0.02%	265 0.03%
1990	1990	1	2	3	4	5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	Over 60
7,135,852	956,825 % of Total	194,147 20.29%	127,137 13.29%	89,974 9.40%	67,307 7.03%	52,965 5.54%	176,301 18.43%	154,500 16.15%	57,951 6.06%	20,552 2.15%	8,440 0.88%	3,769 0.39%	1,740 0.18%	894 0.09%	471 0.05%	268 0.03%	186 0.02%	223 0.02%

Note: (i) Medicines dispensed by doctors directly to persons entitled to such arrangements (see paragraph 6.2 page 6 and Table 20) do not require a prescription form. However, some of these persons may also receive prescription forms from their doctor.

(ii) *Average number of items per form in 1991 was 2.05 (1990 — 2.05).

Table 17. Cost of prescriptions divided as between ingredient cost, dispensing fee and value added tax.

Health Board	Ingredient Cost		Dispensing Fee		V.A.T.		Total	
	1991	1990	1991	1990	1991	1990	1991	1990
	£	£	£	£	£	£	£	£
Eastern	26,069,547	24,627,935	6,788,228	6,185,963	778,551	787,870	33,636,326	31,601,768
Midland	5,647,330	5,336,981	1,485,951	1,356,043	170,378	171,690	7,303,659	6,864,714
Mid-Western	8,195,895	7,701,840	2,121,607	1,928,481	264,930	256,437	10,582,432	9,886,758
North Eastern	8,379,520	7,962,588	2,098,303	1,924,848	233,300	240,342	10,711,123	10,127,778
North Western	6,107,480	5,954,831	1,479,230	1,372,488	181,741	189,184	7,768,451	7,516,503
South Eastern	9,733,048	9,115,565	2,521,497	2,287,123	309,653	307,111	12,564,198	11,709,799
Southern	13,744,762	13,150,967	3,683,205	3,378,334	448,016	451,498	17,875,983	16,980,799
Western	10,052,325	9,914,272	2,455,940	2,285,681	309,350	319,751	12,817,615	12,519,704
TOTAL	£87,929,907	£83,764,979	£22,633,961	£20,718,961	£2,695,919	£2,723,883	£113,259,787	£107,207,823

Note: Cost of medicines supplied by pharmacies to dispensing doctors is given in Table 19.

Table 18. Analysis of payment to Pharmacies in respect of prescriptions.

Health Board	Cost		Cost per Form		Cost per Item		Ingredient Cost per Item	
	1991 £	1990 £	1991 £	1990 £	1991 £	1990 £	1991 £	1990 £
Eastern	33,636,326	31,601,767	15.15	15.09	7.26	7.24	5.62	5.64
Midland	7,303,659	6,864,714	14.57	14.61	7.21	7.18	5.57	5.58
Mid-Western	10,582,432	9,886,758	15.37	15.32	7.28	7.24	5.64	5.64
North Eastern	10,711,123	10,127,778	15.46	15.43	7.46	7.45	5.84	5.86
North Western	7,768,451	7,516,503	15.54	15.70	7.69	7.75	6.05	6.14
South Eastern	12,564,198	11,709,799	14.41	14.37	7.29	7.26	5.64	5.65
Southern	17,875,983	16,980,800	14.49	14.51	7.07	7.09	5.44	5.49
Western	12,817,615	12,519,704	15.29	15.54	7.63	7.76	5.98	6.14
TOTAL	£113,259,787	£107,207,823	£15.01	£15.02	£7.32	£7.32	£5.68	£5.72

Table 19. Cost of Stock Orders.

(Medicines supplied by Pharmacies to dispensing Doctors, see paragraph 6.2 page 6).									
Health Board	No. of Pharmacies involved in 1991	Ingredient Cost		*Pharmacy Fee		V.A.T.		Total	
		1991 £	1990 £	1991 £	1990 £	1991 £	1990 £	1991 £	1990 £
Eastern	9	23,299	29,439	5,824	7,360	288	979	29,411	37,778
Midland	19	413,043	414,642	103,260	103,660	9,699	13,878	526,002	532,180
Mid-Western	23	299,527	317,411	74,882	79,353	8,526	9,939	382,935	406,703
North Eastern	16	305,747	316,215	76,437	79,054	6,427	7,987	388,611	403,256
North Western	37	1,102,992	1,020,580	275,748	255,145	24,240	28,700	1,402,980	1,304,425
South Eastern	51	786,558	791,428	196,640	197,857	17,747	21,218	1,000,945	1,010,503
Southern	24	85,192	82,229	21,298	20,557	1,647	2,318	108,137	105,104
Western	41	1,572,346	1,627,473	393,087	406,869	46,321	53,204	2,011,754	2,087,546
TOTAL	220	£4,588,704	£4,599,417	£1,147,176	£1,149,855	£114,895	£138,223	£5,850,775	£5,887,495

Note: (i) The cost of needles, syringes and dressings which are available to all doctors and which in year ended 31st December 1991 amounted to £769,958 is not included in the above figures (1990 — £763,935).

(ii) *Pharmacies are reimbursed for stock order items on the basis of the basic trade price, with the addition of 25% on cost.

Table 20. Number of Dispensing Doctors and Persons for whom they dispense.

Health Board	Year ended 31st December 1991		Year ended 31st December 1990	
	No. of Doctors	No. of Persons	No. of Doctors	No. of Persons
Eastern	3	432	4	900
Midland	22	8,200	26	8,637
Mid-Western	23	7,610	25	7,377
North Eastern	19	6,679	19	6,485
North Western	43	27,533	42	27,357
South Eastern	55	18,436	60	18,650
Southern	28	4,343	31	5,416
Western	50	28,715	49	29,606
TOTAL	243	101,948	256	104,428

Table 21. Advance Payments* to Pharmacies.

Health Board	Amount advanced to Pharmacies as at: —	
	31st December 1991	31st December 1990
	£	£
Eastern	1,934,181	1,868,764
Midland	452,860	427,294
Mid-Western	620,247	599,034
North Eastern	636,582	595,523
North Western	437,130	439,298
South Eastern	744,548	697,455
Southern	1,057,770	1,036,374
Western	786,143	769,860
TOTAL	£6,669,461	£6,433,602

Note: *See paragraph 11.4 page 9.

Table 22. The most commonly prescribed products in the Scheme in 1991 in the order of their prescribing frequency.

Approved Name	Prescribing Frequency	% of Scheme Total	Ingredient Cost £	% of Scheme Total
1 (1) Amoxicillin	635,447	4.08	2,824,584	3.04
2 (2) Salbutamol	522,803	3.35	2,312,145	2.49
3 (4) Oestrogen/Progestogen Combinations	459,152	2.95	892,041	0.96
4 (3) Mefenamic Acid	419,358	2.69	1,838,113	1.98
5 (5) Frusemide	380,237	2.44	1,454,157	1.56
6 (7) Acetylsalicylic Acid	336,947	2.16	437,384	0.47
7 (6) Digoxin	292,537	1.88	209,037	0.22
8 (10) Cimetidine	266,507	1.71	4,311,405	4.63
9 (9) Diazepam	260,702	1.67	249,689	0.27
10 (8) Ampicillin	256,565	1.65	434,804	0.47
11 (11) Bendrofluazide	241,065	1.55	269,064	0.29
12 (15) Temazepam	227,294	1.46	568,912	0.61
13 (12) Theophylline	225,442	1.45	1,078,199	1.16
14 (19) Prednisolone	211,737	1.36	243,286	0.26
15 (21) Diclofenac	207,332	1.33	2,180,314	2.34
16 (13) Co-Trimoxazole	207,322	1.33	574,351	0.62
17 (18) Nifedipine	206,845	1.33	2,581,070	2.77
18 (14) Ferrous Sulphate	206,032	1.32	267,586	0.29
19 (16) Atenolol	203,124	1.30	1,643,185	1.77
20 (17) Carbocisteine	200,343	1.29	833,351	0.90
21 (23) Beclomethasone	179,785	1.15	2,102,657	2.26
22 (20) Ibuprofen	175,075	1.12	811,653	0.87
23 (22) Hydrocortisone	160,725	1.03	500,382	0.54
24 (24) Betamethasone	158,252	1.02	484,480	0.52
25 (25) Dihydrocodeine	142,237	0.91	247,160	0.27
26 (29) Captopril	140,248	0.90	2,309,321	2.48
27 (27) Erythromycin	136,041	0.87	558,570	0.60
28 (31) Ranitidine	127,148	0.82	3,652,654	3.93
29 (26) Flurazepam	126,107	0.81	393,002	0.42
30 (32) Glyceryl Trinitrate	122,717	0.79	948,418	1.02
31 (35) Lactulose	121,966	0.78	478,704	0.51
32 (36) Isosorbide	118,948	0.76	676,184	0.73
33 (33) Thioridazine	116,594	0.75	302,005	0.32
34 (39) Thyroxine	112,186	0.72	18,073	0.02
35 (41) Dothiepin	104,600	0.67	497,237	0.53

Note: (i) Compound preparations are classified by reference to their main ingredient.
(ii) *Position in 1990 is given in brackets.

Table 22 — continued.

Approved Name		Prescribing Frequency	% of Scheme Total	Ingredient Cost £	% of Scheme Total
36 (30)	Aminophylline	104,047	0.67	564,986	0.61
37 (28)	Triazolam	99,783	0.64	298,234	0.32
38 (38)	Amitriptyline	99,021	0.64	269,455	0.29
39 (40)	Tetracyclines	95,002	0.61	197,156	0.21
40 (47)	Terbutaline	94,771	0.61	570,781	0.61
41 (34)	Methyldopa	94,368	0.61	441,212	0.47
42 (46)	Prochlorperazine	92,280	0.59	225,590	0.24
43 (43)	Domperidone	90,035	0.58	302,346	0.33
44 (42)	Nitrazepam	89,528	0.57	149,802	0.16
45 (37)	Metoclopramide	89,151	0.57	322,305	0.35
46 (45)	Naproxen	88,947	0.57	1,019,035	1.10
47 (49)	Fusidates	88,147	0.57	353,542	0.38
48 (51)	Ipratropium Bromide	86,796	0.56	977,343	1.05
49 (44)	Indomethacin	86,033	0.55	526,247	0.57
50 (56)	Warfarin	85,717	0.55	25,936	0.03
51 (50)	Metoprolol	84,541	0.54	424,337	0.46
52 (52)	Penicillins	84,338	0.54	93,999	0.10
53 (54)	Insulin (Incl. Needles & Syringes)	83,494	0.53	1,182,088	1.27
54 (48)	Hydrochlorothiazide	82,087	0.53	252,873	0.27
55 (58)	Bromazepam	82,045	0.53	453,132	0.49
56 (57)	Chloramphenicol	78,839	0.51	131,411	0.14
57 (55)	Chlordiazepoxide	77,146	0.50	156,748	0.17
58 (62)	Flunitrazepam	76,754	0.49	299,874	0.32
59 (53)	Indapamide	75,478	0.48	521,369	0.56
60 (61)	Nystatin	74,151	0.48	240,268	0.26
61 (60)	Propranolol	70,036	0.45	183,177	0.20
62 (59)	Orciprenaline	69,693	0.45	241,432	0.26
63 (70)	Medical Foods	69,510	0.45	1,891,780	2.03
64 (64)	Isphagula	68,716	0.44	277,176	0.30
65 (63)	Piroxicam	68,515	0.44	650,539	0.70
66 (66)	Ferrous Fumarate	67,751	0.43	90,106	0.10
67 (69)	Flucloxacillin	65,977	0.42	430,419	0.46
68 (73)	Carbamazepine	63,933	0.41	361,614	0.39
69 (72)	Miconazole	61,992	0.40	157,238	0.17
70 (67)	Neomycin Sulphate	61,721	0.40	335,333	0.36

Table 22 — continued.

Approved Name	Prescribing Frequency	% of Scheme Total	Ingredient Cost £	% of Scheme Total
71 (65) Timolol Maleate	61,446	0.39	482,979	0.52
72 (68) Triamterene	61,394	0.39	169,186	0.18
73 (71) Verapamil	60,586	0.39	518,039	0.56
74 (74) Diagnostics	60,419	0.39	614,283	0.66
75 (75) Ketoprofen	58,721	0.38	999,029	1.07
76 (76) Phenytoin	55,255	0.35	121,684	0.13
77 (77) Fenbufen	51,895	0.33	701,006	0.75
78 (78) Trimipramine	51,882	0.33	335,456	0.36
79 (82) Metformin	51,573	0.33	126,967	0.14
80 (—) Diltiazem	49,916	0.32	774,686	0.83
81 (—) Aluminium/Magnesium Hydroxide	48,439	0.31	117,008	0.13
82 (81) Glibenclamide	48,419	0.31	298,013	0.32
83 (79) Cephalexin	47,967	0.31	225,887	0.24
84 (92) Ocular Lubricants	46,725	0.30	110,090	0.12
85 (84) Cefaclor	46,215	0.30	417,904	0.45
86 (—) Paracetamol	45,511	0.29	30,210	0.03
87 (85) Potassium Chlorazepate	44,867	0.29	144,078	0.15
88 (87) Sodium Cromoglycate	44,717	0.29	549,104	0.59
89 (94) Bumetanide	44,645	0.29	116,629	0.12
90 (88) Loperamide	43,859	0.28	89,504	0.10
91 (80) Potassium Chloride	42,549	0.27	19,930	0.02
92 (89) Phenobarbitone	42,548	0.27	36,588	0.04
93 (90) Trimethoprim	42,123	0.27	67,181	0.07
94 (83) Lorazepam	41,703	0.27	74,286	0.08
95 (—) Alprazolam	41,294	0.26	170,909	0.18
96 (86) Dipyridamole	41,123	0.26	349,008	0.38
97 (91) Pheniramines	41,086	0.26	43,614	0.05
98 (93) Clotrimazole	40,851	0.26	123,563	0.13
99 (—) Budesonide	40,761	0.26	869,826	0.93
100 (96) Ostomy/Urinary Requisites	38,591	0.25	2,026,926	2.18
TOTAL	12,296,843	78.91%	£64,525,633	69.36%

Table 23. The products of highest cost to the Scheme in 1991 in the order of their total ingredient cost.

	Approved Name	Ingredient Cost £	% of Scheme Total	Prescribing Frequency	% of Scheme Total
1	(1) Cimetidine	4,311,405	4.63	266,507	1.71
2	(2) Ranitidine	3,652,654	3.93	127,148	0.82
3	(4) Amoxicillin	2,824,584	3.04	635,447	4.08
4	(3) Nifedipine	2,581,070	2.77	206,845	1.33
5	(5) Salbutamol	2,312,145	2.49	522,803	3.35
6	(7) Captopril	2,309,321	2.48	140,248	0.90
7	(6) Diclofenac	2,180,314	2.34	207,332	1.33
8	(11) Beclomethasone	2,102,657	2.26	179,785	1.15
9	(10) Ostomy/Urinary Requisites	2,026,926	2.18	38,591	0.25
10	(13) Medical Foods	1,891,780	2.03	69,510	0.45
11	(8) Mefenamic Acid	1,838,113	1.98	419,358	2.69
12	(9) Atenolol	1,643,185	1.77	203,124	1.30
13	(12) Frusemide	1,454,157	1.56	380,237	2.44
14	(15) Insulin (Incl. Needles & Syringes)	1,182,088	1.27	83,494	0.53
15	(14) Theophylline	1,078,199	1.16	225,442	1.45
16	(16) Naproxen	1,019,035	1.10	88,947	0.57
17	(17) Ketoprofen	999,029	1.07	58,721	0.38
18	(19) Ipratropium Bromide	977,343	1.05	86,796	0.56
19	(18) Glyceril Trinitrate	948,418	1.02	122,717	0.79
20	(23) Oestrogen/Progestogen Combinations	892,041	0.96	459,152	2.95
21	(24) Budesonide	869,826	0.94	40,761	0.26
22	(25) Growth Hormones	841,840	0.90	1,222	0.01
23	(20) Carbocisteine	833,351	0.90	200,343	1.29
24	(22) Ibuprofen	811,653	0.87	175,075	1.12
25	(84) Omeprazole	784,094	0.84	17,315	0.11
26	(42) Diltiazem	774,686	0.83	49,916	0.32
27	(27) Acyclovir	707,639	0.76	35,004	0.22
28	(21) Fenbufen	701,006	0.75	51,895	0.33
29	(32) Isosorbide	676,184	0.73	118,948	0.76
30	(26) Piroxicam	650,539	0.70	68,515	0.44
31	(38) Diagnostics	614,283	0.66	60,419	0.39
32	(—) Fluoxetine Hyd.	599,788	0.64	17,263	0.11
33	(30) Co-Trimoxazole	574,351	0.62	207,322	1.33
34	(35) Terbutaline	570,781	0.61	94,771	0.61
35	(41) Temazepam	568,912	0.61	227,294	1.46

Note: (i) Compound preparations are classified by reference to their main ingredient.
(ii) *Position in 1990 is given in brackets.

Table 23 — continued.

	Approved Name	Ingredient Cost £	% of Scheme Total	Prescribing Frequency	% of Scheme Total
36 (28)	Aminophylline	564,986	0.61	104,047	0.67
37 (36)	Erythromycin	558,570	0.60	136,041	0.87
38 (33)	Sodium Cromoglycate	549,104	0.59	44,717	0.29
39 (29)	Indomethacin	526,247	0.57	86,033	0.55
40 (31)	Indapamide	521,369	0.56	75,478	0.48
41 (40)	Verapamil	518,039	0.55	60,586	0.39
42 (37)	Hydrocortisone	500,382	0.54	160,725	1.03
43 (43)	Dothiepin	497,237	0.53	104,600	0.67
44 (45)	Betamethasone	484,480	0.52	158,252	1.02
45 (34)	Timolol Maleate	482,979	0.52	61,446	0.39
46 (60)	Lactulose	478,704	0.51	121,966	0.78
47 (52)	Morphine	471,801	0.51	23,550	0.15
48 (51)	Oxpentifylline	461,073	0.50	28,357	0.18
49 (47)	Bromazepam	453,132	0.49	82,045	0.53
50 (49)	Lofepamine	445,275	0.48	38,364	0.25
51 (48)	Allopurinol	445,224	0.48	37,516	0.24
52 (39)	Methyldopa	441,212	0.47	94,368	0.61
53 (57)	Nabumetone	438,649	0.47	25,960	0.17
54 (54)	Acetylsalicylic Acid	437,384	0.47	336,947	2.16
55 (46)	Ampicillin	434,804	0.47	256,565	1.65
56 (53)	Flucloxacillin	430,419	0.46	65,977	0.42
57 (44)	Metoprolol	424,337	0.46	84,541	0.54
58 (58)	Cefaclor	417,904	0.45	46,215	0.30
59 (56)	Levodopa	402,491	0.43	34,096	0.22
60 (63)	Dressings	398,841	0.43	22,086	0.14
61 (59)	Flurazepam	393,002	0.42	126,107	0.81
62 (50)	Tiaprofenic Acid	384,389	0.41	25,113	0.16
63 (66)	Tamoxifen	379,223	0.41	28,138	0.18
64 (93)	Zopiclone	368,006	0.40	34,858	0.22
65 (73)	Carbamazepine	361,614	0.39	63,933	0.41
66 (69)	Fusidates	353,542	0.38	88,147	0.57
67 (55)	Dipyridamole	349,008	0.37	41,123	0.26
68 (70)	Inositol Nicotinate	339,947	0.36	24,677	0.16
69 (71)	Trimipramine	335,456	0.36	51,882	0.33
70 (72)	Neomycin Sulphate	335,333	0.36	61,721	0.40

Table 23 — continued.

Approved Name		Ingredient Cost £	% of Scheme Total	Prescribing Frequency	% of Scheme Total
71	(61) Terodiline	334,496	0.36	18,822	0.12
72	(67) Minocycline	326,728	0.35	17,341	0.11
73	(64) Metoclopramide	322,305	0.35	89,151	0.57
74	(75) Sodium Valproate	313,118	0.34	31,281	0.20
75	(83) Ofloxacin	308,688	0.33	24,717	0.16
76	(87) Tenoxicam	307,033	0.33	16,927	0.11
77	(82) Betahistine	305,756	0.33	31,834	0.20
78	(68) Domperidone	302,346	0.33	90,035	0.58
79	(89) Thioridazine	302,005	0.32	116,594	0.75
80	(86) Flunitrazepam	299,874	0.32	76,754	0.49
81	(62) Triazolam	298,234	0.32	99,783	0.64
82	(76) Glibenclamide	298,013	0.32	48,419	0.31
83	(65) Flurbiprofen	296,364	0.32	25,773	0.16
84	(81) Isphagula	277,176	0.30	68,716	0.44
85	(74) Spironolactone	275,365	0.30	30,242	0.19
86	(80) Amitriptyline	269,455	0.29	99,021	0.64
87	(79) Bendrofluzide	269,064	0.29	241,065	1.55
88	(88) Ferrous Sulphate	267,586	0.29	206,032	1.32
89	(96) Naftidrofuryl Oxalate	263,273	0.28	21,886	0.14
90	(77) Cloxacillin	252,934	0.27	24,775	0.16
91	(78) Hydrochlorothiazide	252,873	0.27	82,087	0.53
92	(91) Diazepam	249,689	0.27	260,702	1.67
93	(—) Celiprolol	247,560	0.27	17,794	0.11
94	(92) Dihydrocodeine	247,160	0.27	142,237	0.91
95	(—) Amlodipine	246,704	0.27	15,345	0.10
96	(99) Prednisolone	243,286	0.26	211,737	1.36
97	(94) Orciprenaline	241,432	0.26	69,693	0.45
98	(95) Nystatin	240,268	0.26	74,151	0.48
99	(—) Azathioprine	239,181	0.26	6,825	0.04
100	(—) Enalapril Maleate	236,124	0.25	18,215	0.12
TOTAL		£72,521,650	77.96%	11,002,398	70.60%

Table 24. Distribution of Drugs and Medicines according to Therapeutic Classification.

Therapeutic Class	Prescribing Frequency	% of Scheme Total	Ingredient Cost £	% of Scheme Total
CENTRAL NERVOUS SYSTEM: —				
Hypnotics				
Sedatives	710,399	4.56	2,587,837	2.78
Anti-Convulsants				
Tranquillisers	1,167,075	7.49	3,480,419	3.74
Anti-Depressants	473,738	3.04	3,038,971	3.27
Stimulants	28,770	0.18	148,210	0.16
Analgesics (Central Action)	147,408	0.95	940,289	1.01
Analgesics (Peripheral Action)	1,799,186	11.55	11,259,349	12.10
Peripheral Nerves	14,108	0.09	53,759	0.06
Levodopa Anti-Parkinsonism	34,096	0.22	402,492	0.43
Other Preparations	132,103	0.85	593,228	0.64

Table 24 — continued.

Therapeutic Class	Prescribing Frequency	% of Scheme Total	Ingredient Cost £	% of Scheme Total
AUTONOMIC NERVOUS SYSTEM: —				
Parasympathomimetics	25,570	0.16	71,516	0.08
Parasympatholytics	279,928	1.80	2,521,851	2.71
Sympathomimetics	778,886	5.00	3,500,638	3.76
Sympatholytics	677,301	4.35	4,631,082	4.98
CARDIOVASCULAR CIRCULATORY SYSTEM: —				
Drugs acting on Heart Muscle	312,353	2.00	406,506	0.44
Coronary Vasodilators	915,053	5.87	7,774,462	8.36
Peripheral Vasodilators	275,173	1.77	2,549,505	2.74
Antihistamines (Plus Histamine)	705,573	4.53	10,089,953	10.85
HAEMOPOIETIC SYSTEM: —				
Anti-Neoplastics	52,505	0.34	1,053,928	1.13
Immuno-Suppressive	553	0.01	179,718	0.19
Haematinics	352,335	2.26	561,876	0.60
Anticoagulants	86,347	0.55	37,293	0.04
Coagulants	7,157	0.05	56,504	0.06
Fibrinolytics	2,705	0.02	24,685	0.03

Table 24 — continued.

Therapeutic Class	Prescribing Frequency	% of Scheme Total	Ingredient Cost £	% of Scheme Total
HORMONES: NATURAL/SYNTHETIC: —				
Pituitary	8,148	0.05	1,136,241	1.22
Oestrogens	64,291	0.41	512,477	0.55
Progestogens	35,611	0.23	217,758	0.23
Androgens	8,897	0.06	234,415	0.25
Anabolics	2,420	0.02	19,136	0.02
Corticosteroids	990,110	6.35	5,030,240	5.41
Oestrogen/Progestogen Combinations	459,152	2.95	892,041	0.96
Special	204,208	1.31	3,470,981	3.73
METABOLISM, NUTRITION AND ELECTROLYTE BALANCE: —				
Medical Foods	69,510	0.45	1,891,780	2.03
Vitamins and related substances	20,826	0.13	257,097	0.28
Thyroid and Anti-Thyroid substances	124,236	0.80	41,170	0.04
Drugs affecting blood sugar levels	200,797	1.29	1,629,080	1.75
Lipid and Fat Metabolism	24,501	0.15	505,101	0.54
Salts and Ion Exchange Resins	52,802	0.34	70,217	0.08
Diuretics	921,609	5.91	2,860,505	3.08
Other Preparations	92,219	0.59	937,614	1.01

Table 24 — continued.

Therapeutic Class	Prescribing Frequency	% of Scheme Total	Ingredient Cost £	% of Scheme Total
ANTI-INFECTIVES: —				
Antibiotics	1,782,533	11.44	7,705,532	8.28
Synthetic Anti-Bacterials	346,610	2.22	1,625,842	1.75
Anti-Protozoals	26,653	0.17	133,887	0.14
Anthelmintics and Filaricides	26,895	0.17	68,239	0.07
Anti-Fungal	171,922	1.10	778,408	0.84
Local Antiseptics	9,428	0.06	44,742	0.05
Ectoparasiticides	26,139	0.17	42,621	0.05
APPLIANCES: —				
Ostomy/Ileostomy	26,086	0.17	1,640,388	1.76
Urostomy/Urinary	12,505	0.08	386,538	0.42
Syringes and Needles (Disposable)				
— Insulin and Tuberculin	30,170	0.19	215,506	0.23
— Other	14,918	0.09	119,057	0.13
Dressings	22,086	0.14	398,841	0.43

Table 24 — continued.

Therapeutic Class	Prescribing Frequency	% of Scheme Total	Ingredient Cost £	% of Scheme Total
MISCELLANEOUS: —				
Diagnostics	60,419	0.39	614,283	0.66
Preparations acting locally on Gastro-Intestinal Tract	374,636	2.40	1,567,135	1.68
Preparations acting locally on Lower Respiratory Tract	275,076	1.76	1,523,403	1.64
Topical Preparations	79,310	0.51	235,961	0.25
Immunological Vaccines and Sera	2,529	0.02	10,897	0.01
Extemporaneous Preparations	3,095	0.02	4,460	0.01
Heavy Metals and Chelating Agents	1,677	0.01	38,154	0.04
Pharmaceutical Adjuncts	12,708	0.08	17,227	0.02
Unclassified Items	20,978	0.13	184,733	0.20
TOTAL	15,584,032	100.00%	£93,025,778	100.00%

Table 25. Number of Doctors in payment ranges.

(Year ended 31st December 1990 in brackets).

Health Board	Up to £5,000	£5,001 - £10,000	£10,001 - £15,000	£15,001 - £20,000	£20,001 - £25,000	£25,001 - £30,000	£30,001 - £35,000	£35,001 - £40,000	£40,001 - £45,000	£45,001 - £50,000	£50,001 - £55,000
Eastern	38 (40)	48 (58)	56 (61)	55 (53)	48 (45)	38 (40)	41 (39)	40 (39)	27 (31)	24 (22)	26 (14)
Midland	2 (-)	5 (5)	4 (7)	4 (3)	3 (3)	7 (8)	11 (12)	9 (11)	7 (2)	5 (4)	8 (8)
Mid-Western	2 (3)	9 (8)	7 (9)	8 (13)	15 (13)	19 (17)	13 (17)	14 (9)	8 (8)	6 (7)	9 (10)
North Eastern	1 (2)	2 (2)	6 (2)	2 (14)	12 (4)	7 (6)	11 (10)	6 (11)	12 (14)	11 (9)	18 (13)
North Western	2 (5)	8 (5)	5 (3)	5 (6)	4 (6)	6 (6)	9 (7)	4 (9)	8 (4)	7 (7)	6 (8)
South Eastern	2 (5)	9 (4)	10 (8)	13 (14)	15 (16)	14 (12)	15 (20)	16 (19)	24 (18)	16 (12)	12 (11)
Southern	12 (11)	18 (21)	22 (22)	27 (26)	19 (25)	27 (23)	20 (24)	20 (15)	17 (20)	15 (13)	15 (13)
Western	6 (7)	15 (14)	6 (3)	10 (15)	10 (12)	15 (8)	12 (10)	7 (10)	18 (21)	12 (6)	16 (18)
TOTAL	65 (73)	114 (117)	116 (115)	124 (144)	126 (124)	133 (120)	132 (139)	116 (123)	121 (118)	96 (80)	110 (95)

- Note: (i) Doctors not in the G.M.S. Scheme for the full year have been excluded from the above table.
(ii) Above table relates to the payments listed in Table 8.
(iii) Included in the above table are 64 doctors with panels of less than 100 persons. Of these, 53 are included in the payment range "up to £5,000". 4 in the payment range "£5,001 - £10,000", 6 in the payment range "£15,001 - £20,000" and 1 in the payment range "£20,001 - £25,000".
(iv) Services to eligible persons are paid for by reference to the agreed scale of fees (see Tables 27 and 27.1). Expenses necessarily incurred by doctors in providing the services are not separately identified on the agreed scale.

£55,001 - £60,000	£60,001 - £65,000	£65,001 - £70,000	£70,001 - £75,000	£75,001 - £80,000	£80,001 - £85,000	£85,001 - £90,000	£90,001 - £95,000	£95,001 - £100,000	£100,001 - £110,000	£110,001 - £120,000
17 (15)	9 (13)	12 (9)	7 (7)	6 (4)	2 (1)	2 (—)	— (1)	—	—	—
8 (10)	5 (4)	3 (3)	4 (3)	4 (3)	— (1)	2 (1)	1 (—)	—	—	—
8 (6)	4 (6)	5 (2)	4 (1)	— (1)	2 (—)	1 (1)	—	—	—	—
12 (11)	5 (4)	5 (7)	5 (2)	3 (2)	— (1)	—	—	—	— (1)	1 (—)
2 (4)	7 (6)	5 (8)	9 (5)	8 (8)	2 (1)	1 (1)	—	— (1)	3 (—)	—
4 (14)	7 (6)	9 (5)	5 (1)	3 (—)	2 (2)	—	—	—	1 (—)	—
9 (8)	8 (7)	4 (2)	3 (5)	2 (3)	1 (1)	2 (2)	2 (1)	1 (—)	1 (1)	—
8 (12)	8 (10)	10 (5)	8 (10)	3 (—)	4 (2)	1 (5)	2 (1)	4 (1)	3 (2)	—
68 (80)	53 (56)	53 (41)	45 (34)	29 (21)	13 (9)	9 (10)	5 (3)	5 (2)	8 (4)	1 (—)

Table 26. Number of Pharmacies in dispensing fee* ranges.

(Year ended 31st December 1990 in brackets).

Health Board	Up to £5,000	£5,001 - £10,000	£10,001 - £15,000	£15,001 - £20,000	£20,001 - £25,000	£25,001 - £30,000	£30,001 - £35,000	£35,001 - £40,000	£40,001 - £45,000	£45,001 - £50,000	£50,001 - £55,000
Eastern	45 (52)	55 (68)	72 (72)	47 (53)	46 (28)	21 (19)	13 (17)	14 (12)	9 (8)	6 (2)	2 (—)
Midland	1 (1)	4 (6)	11 (13)	10 (5)	6 (8)	4 (4)	10 (10)	6 (6)	6 (2)	2 (3)	1 (1)
Mid-Western	4 (5)	12 (17)	14 (21)	23 (16)	10 (8)	13 (12)	7 (6)	3 (3)	— (2)	4 (5)	3 (—)
North Eastern	6 (7)	7 (9)	12 (11)	16 (21)	15 (14)	10 (11)	6 (5)	6 (4)	2 (2)	3 (2)	— (1)
North Western	5 (5)	3 (5)	9 (7)	5 (6)	11 (8)	2 (4)	3 (6)	6 (7)	5 (3)	1 (1)	3 (2)
South Eastern	6 (3)	9 (8)	14 (19)	28 (30)	20 (16)	13 (9)	7 (10)	8 (9)	7 (3)	1 (—)	1 (—)
Southern	10 (7)	23 (23)	26 (33)	30 (32)	29 (27)	17 (14)	9 (6)	6 (7)	3 (2)	7 (5)	1 (4)
Western	6 (2)	12 (17)	19 (18)	17 (19)	16 (18)	12 (9)	9 (5)	7 (10)	3 (5)	5 (3)	1 (—)
TOTAL	83 (82)	125 (153)	177 (194)	176 (182)	153 (127)	92 (82)	64 (65)	56 (58)	35 (27)	29 (21)	12 (8)

Note: (i) Pharmacies that entered or left the Scheme during the year are not included in the above table.

(ii) * Dispensing for eligible persons is paid for by reference to the agreed scale of fees. (See Table 27.2).
Expenses necessarily incurred by Pharmacies in providing this service are not separately identified in the agreed scale.

£55,001 £60,000	£60,001 - £65,000	£65,001 - £70,000	£70,001 - £75,000	£75,001 - £80,000	£80,001 - £85,000	£85,001 - £90,000	£90,001 - £95,000	£95,001 - £100,000	£100,001 - £105,000	£115,001 - £120,000	£120,001 - £125,000
2 (6)	5 (1)	2 (2)	2 (1)	— (1)	2 (—)	— (1)	—	1 (—)	—	—	—
1 (—)	—	—	—	—	—	—	—	—	—	—	—
—	— (1)	1 (—)	—	—	—	—	—	—	—	— (1)	1 (—)
2 (1)	1 (—)	1 (2)	1 (—)	—	—	—	—	—	—	—	—
1 (3)	3 (1)	1 (—)	— (1)	1 (—)	—	—	—	—	—	—	—
— (1)	1 (—)	1 (1)	— (1)	—	1 (—)	—	—	—	—	—	—
1 (—)	1 (2)	1 (—)	—	— (1)	—	1 (—)	—	—	—	—	—
2 (2)	2 (1)	1 (1)	1 (—)	—	—	1 (—)	—	—	— (1)	—	—
9 (13)	13 (6)	8 (6)	4 (3)	1 (2)	3 (—)	2 (1)	—	1 (—)	— (1)	— (1)	1 (—)

Table 27.

SCALE OF FEES PAYABLE TO PARTICIPATING MEDICAL PRACTITIONERS UNDER CAPITATION CONTRACT AS FROM 1ST JANUARY 1991.

AGES	0 - 3 Miles		3 - 5 Miles		5 - 7 Miles		7 - 10 Miles		Over 10 Miles	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	£	£	£	£	£	£	£	£	£	£
0 — 4	25.91	25.28	27.28	26.66	29.32	28.69	31.32	30.70	33.82	33.20
5 — 15	13.07	13.24	13.64	13.81	14.48	14.65	15.30	15.46	16.32	16.48
16 — 44	19.21	31.39	19.95	32.13	21.04	33.22	22.11	34.29	23.43	35.61
45 — 64	38.33	42.12	40.12	43.91	42.74	46.53	45.32	49.12	48.54	52.32
65 and over	40.38	45.06	45.33	50.01	52.66	57.34	59.87	64.55	68.81	73.49

REVISED SCALE OF FEES AS FROM 1ST JANUARY 1991*

AGES	0 - 3 Miles		3 - 5 Miles		5 - 7 Miles		7 - 10 Miles		Over 10 Miles	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
	£	£	£	£	£	£	£	£	£	£
0 — 4	26.27	25.63	27.66	27.03	29.73	29.09	31.76	31.13	34.29	33.66
5 — 15	15.25	15.43	15.83	16.00	16.68	16.86	17.51	17.68	18.55	18.71
16 — 44	19.48	31.83	20.23	32.58	21.33	33.69	22.42	34.77	23.76	36.11
45 — 64	38.87	42.71	40.68	44.52	43.34	47.18	45.95	49.81	49.22	53.05
65 and over	40.95	45.69	45.96	50.71	53.40	58.14	60.71	65.45	69.77	74.52

Note: * Effect not given until January 1992 to revised rates arising from Scheme Review of 1990/1991 (see paragraphs 10.3 and 10.4 page 8).

Table 27 — continued.

SCALE OF FEES PAYABLE TO PARTICIPATING MEDICAL PRACTITIONERS UNDER CAPITATION CONTRACT AS FROM 1ST JANUARY 1991.

	Fee as from 1.1.91 £
SUPPLEMENTARY OUT-OF-HOURS PAYMENT: (per person per annum).	1.27
OUT-OF-HOURS PAYMENT:	
Surgery	15.91
Domiciliary	
up to 3 miles	15.91
3 — 5 miles	21.22
5 — 7 miles	23.87
7 — 10 miles	26.52
over 10 miles	31.82
Fee for Additional Patient	12.41
CONTRIBUTIONS TO LOCUM EXPENSES ON QUALIFICATION UNDER CONTRACT:	
Annual Leave	
Sick Leave	424.32 p.w.
Study Leave	(max.)
Maternity Leave	
RURAL PRACTICE ALLOWANCE:	5.304.00 p.a.
SPECIAL ITEMS OF SERVICE: (see paragraph 8.3 page 7).	

	Fee as from 1.1.91 £
TEMPORARY RESIDENT/E.C. VISITOR/EMERGENCY:	
SURGERY CONSULTATIONS: —	
(i) normal hours	4.40
(ii) outside normal hours other than (iii)	6.26
(iii) midnight to 8 a.m.	12.41
DOMICILIARY CONSULTATIONS: —	
(i) Normal hours	
urban	6.50
up to 3 miles	6.50
3 — 5 miles	8.49
5 — 7 miles	11.43
7 — 10 miles	14.32
over 10 miles	17.90
(ii) Outside normal hours other than (iii)	
urban	8.49
up to 3 miles	8.49
3 — 5 miles	10.98
5 — 7 miles	14.32
7 — 10 miles	19.02
over 10 miles	22.33
(iii) Midnight to 8 a.m.	
urban	16.67
up to 3 miles	16.67
3 — 5 miles	21.43
5 — 7 miles	27.11
7 — 10 miles	30.24
over 10 miles	33.24
ADDITIONAL FEE:	
Emergency	4.83
E.C. Visitor	4.98
RURAL DISPENSING FEE:	4.83

Table 27.1

SCALE OF FEES PAYABLE TO PARTICIPATING MEDICAL PRACTITIONERS UNDER FEE-PER-ITEM CONTRACT.

	As from 1.1.91
SURGERY CONSULTATIONS: —	£
(a) normal hours	4.38
(b) outside normal hours other than (c)	6.23
(c) midnight to 8 a.m.	12.34
DOMICILIARY CONSULTATIONS: —	
(a) Normal hours	
urban	6.47
up to 3 miles	6.47
3 — 5 miles	8.46
5 — 7 miles	11.37
7 — 10 miles	14.25
over 10 miles	17.82
(b) Outside normal hours other than (c)	
urban	8.46
up to 3 miles	8.46
3 — 5 miles	10.95
5 — 7 miles	14.25
7 — 10 miles	18.93
over 10 miles	22.22
(c) Midnight to 8 a.m.	
urban	16.60
up to 3 miles	16.60
3 — 5 miles	21.33
5 — 7 miles	26.99
7 — 10 miles	30.10
over 10 miles	33.07
EMERGENCY FEE:	4.79
RURAL DISPENSING FEE:	4.79
LOCUM AND PRACTICE EXPENSES ALLOWANCE:	(Per Annum) 549.60
RURAL PRACTICE ALLOWANCE:	(Per Annum) 2,825.20
SESSIONAL RATES — HOMES FOR AGED:	29.35
Where a doctor attends to more than one eligible person in a household in the course of a domiciliary visit a fee at the appropriate domiciliary rate is payable for the first person and at the appropriate surgery rate for other person(s).	
Where a doctor attends eligible persons in a home for the aged, fees are payable on a sessional basis for routine visiting at a rate per three hour session (see above). The appropriate domiciliary fee is payable for non-routine calls to the home.	
An additional fee equal to double the basic surgery fee is payable for (i) removal of cysts, (ii) suturing cuts and lacerations, (iii) draining of hydroceles, (iv) treatment and plugging of dental and nasal haemorrhages, (v) recognised vein treatment involving sclerotherapy, (vi) E.C.G. tests and their interpretation and (vii) instruction in the fitting of a diaphragm.	

Table 27.2

SCALE OF FEES PAYABLE TO PARTICIPATING PHARMACIES.

	As from 1.1.91
STANDARD FEE (NOTE 1).	P 142.21
EXTEMPORANEOUS PRESCRIPTIONS:	
(i) Addition of liquid to a preformulated preparation in dry form (excepting eye drops and preparations for injections).	284.42
(ii) Mixtures of not more than two proprietary or standard liquids.	284.42
(iii) All other extemporaneous preparations.	284.42
(iv) Sterile eye drops.	284.42
URGENT/LATE DISPENSING:	
Additional fee for Urgent/Late dispensing other than between midnight to 8.00 a.m. (Note 2).	252.27
Additional fee for Urgent/Late dispensing between midnight and 8.00 a.m.	671.65
NOTE 1:	
From 1.1.91 — 118.21p basic fee and 24p allowance for containers, obsolescence etc.	
NOTE 2:	
Urgent fee prescriptions are those so specified by the prescriber and necessarily dispensed outside normal hours.	
Late fee prescriptions are those which, though not marked urgent, are in exceptional circumstances necessarily dispensed outside normal hours by the pharmacist, having regard to the persons requirements.	
SUPPLIES TO DISPENSING DOCTORS: —	
Pharmacies supplying dispensing doctors are reimbursed on the basis of the basic trade price, with the addition of 25% on cost.	

Table 28. Drug Cost Subsidisation Scheme.

Health Board	No. of Approved Applicants as at 31st December 1991	Amount Paid by Board in respect of January - December 1991
		£
Eastern	8,170	2,645,810
Midland	1,169	369,208
Mid-Western	1,953	545,297
North Eastern	1,265	365,637
North Western	1,432	526,880
South Eastern	1,910	654,144
Southern	3,208	910,190
Western	1,071	338,178
TOTAL	20,178	£6,355,344

Note: (i) See paragraph 25 page 12.

(ii) No. of approved applicants as at 31st December 1990 was 12,688. amount paid by Board in respect of September - December 1990 was £1,044,644.

Table 29. Long Term Illness Scheme.

Health Board	No. of Approved Applicants as at 31st December 1991	Amount Paid by Board in respect of May - December 1991
		£
Eastern	24,848	3,129,326
Midland	1,302	222,793
Mid-Western	1,968	291,206
North Eastern	2,582	583,467
North Western	1,830	324,530
South Eastern	3,241	687,568
Southern	8,333	1,102,039
Western	3,119	558,323
TOTAL	47,223	£6,899,252

Table 30. E.C. Scheme.

Health Board	No. of Items January - December 1991	Amount Paid by Board in respect of January - December 1991
		£
Eastern	5,418	64,442
Midland	1,768	18,834
Mid-Western	2,875	32,971
North Eastern	3,378	40,163
North Western	6,933	81,711
South Eastern	3,890	46,445
Southern	7,822	80,715
Western	4,536	48,465
TOTAL	36,620	£413,746