



2019

# PCRS Operational Plan - Draft



Seirbhís Sláinte  
Níos Fearr  
á Forbairt

Building a  
Better Health  
Service

# Contents

<b>Introduction</b> .....	1
Primary Care Reimbursement Service .....	1
Priorities for 2019 .....	1
Expansion of Services.....	1
Risks .....	2
<b>Overview</b> .....	3
Key Project Areas .....	3
<b>Actions</b> .....	5
<b>Budget</b> .....	8
2019 Net Expenditure .....	8
2019 PCRS Budget Allocation.....	8
<b>Appendix 1</b> .....	9
Performance Indicator Suite .....	9
Volume of Service .....	9
<b>Appendix 2</b> .....	10
Human Resources .....	10

# Introduction

The Primary Care Reimbursement Service (PCRS) Operational Plan 2019 sets out the priority actions to be delivered in 2019. These are in line with the National Service Plan (NSP) 2019 of the Health Service Executive (HSE).

## Primary Care Reimbursement Service

The Primary Care Reimbursement Service (PCRS) is responsible for making payments to healthcare professionals – GPs, dentists, pharmacists and optometrists/ophthalmologists – for the free or reduced costs services they provide to the public across a range of community health schemes. The schemes form the infrastructure through which the HSE delivers a significant proportion of its primary care services to the public.

PCRS also makes payments to suppliers and manufacturers of High Tech drugs as part of the High Tech Arrangement and facilitates direct payment to hospitals involved in the provision of national treatment programmes such as the National Cancer Control Programme, the National Hepatitis C Treatment Programme and Multiple Sclerosis services.

All Medical Card and GP Visit Card applications are processed by the National Medical Card Unit (NMCU) in line with the National Assessment Guidelines and Government policy.

In addition, statistics and trend analyses are compiled to be provided as required to the HSE, the Government, customers, stakeholders and members of the public.

## Priorities for 2019

- Administer applications for eligibility under the primary care schemes including the GMS, DPS and LTI.
- Reimburse contractors in line with service level agreements and health policy regulations.
- Implement the provisions of the Framework Agreement on the Supply and Pricing of Medicines.
- Strengthen quality, accountability and value for money across the organisation.
- Introduce an electronic administration system in respect of the EU Regulations Office.
- Develop the workforce to deliver the best possible service.

## Expansion of Services

Subject to funding provisions and agreement with relevant stakeholders, PCRS will reimburse those services approved for expansion or centralisation, including:

- Centralise the reimbursement of Maternity & Infant Scheme, and plan towards centralised reimbursement of community funded Total Parenteral Nutrition (TPN), and Immunoglobulin payments.
- Expansion of Medical Card and GP Visit Cards eligibility, subject to legislation and in particular implement changes in GP Visit Card thresholds from 1 April 2019.
- Termination of Pregnancy Services.

- Centralisation of Primary Childhood Immunisation Scheme - scoping to commence in 2019.

## Risks

- The scale of resources required by PCRS to meet the needs of its customers and work within its budget is a challenge due to the demand led nature of eligibility.
- The scale of the financial challenge and other savings measures are linked to assumptions regarding the numbers availing of schemes and the volume and blend of medical cards.
- Capacity to meet the demand for new drug therapies and any further expansion of schemes within funded levels.
- Financial risks associated with the delivery of savings under the Drug Framework Agreement, the approval of new drugs and the control of existing drugs at or below 2018 funded levels.

Signed

---

Anne Marie Hoey

Primary Care Reimbursement Service

# Overview

In 2019, PCRS will reimburse approximately 7,000 contractors under the GMS, Drugs Payment, Dental Treatment, Long Term Illness and Community Ophthalmic schemes and the High Tech drugs and other arrangements. In excess of 75 million individual contractor claims will be processed. Altogether, some 3.6 million people are registered for primary care schemes, with approximately 1.6m Medical Cards and 0.5m GP Visit Cards in circulation.

## Key Project Areas

In order to meet its commitments PCRS will focus on a number of key areas to deliver a better service that will meet service user needs in 2019.

<b>Online Applications for Primary Care Schemes</b>
A fully integrated online application process for those wishing to apply or renew their eligibility under the GMS, LTI or DPS Schemes will be rolled out in 2019. The service will ensure customers who may not be eligible under the GMS Scheme will have their eligibility for DPS or LTI assessed without the need for a separate application.
<b>Reimbursement for New Primary Care Schemes</b>
PCRS's reimbursement arrangements with medical practitioners will be extended for services provided under the Termination of Pregnancy and Maternity & Infant Scheme.
<b>Budget Changes</b>
The implementation of policy changes announced by Government in relation to prescription charges for Over 70s, and changes to DPS and GPVC thresholds with take effect from 1 <sup>st</sup> April 2019.
<b>SLÁINTECARE</b>
PCRS will support in a timely manner the implementation of any changes or developments in the area of eligibility as prescribed by the Sláintecare Report.
<b>High Tech (HT) Hub</b>
Continue the arrangement for the supply and dispensing of high tech drugs for those patients who are registered to receive their drugs through community pharmacies. This project improves governance and transparency for the HT spend and provides value for money benefits through reductions in stock wastage. The hub will be expanded to include Rheumatology, Dermatology and Gastroenterology in 2019.
<b>National Drugs Management Scheme (NDMS)</b>
Enhance the NDMS ensuring equitable access for all patients to specified high-cost drugs in acute hospitals. PCRS will continue to facilitate this through the centralised reimbursement of the hospitals. It will also facilitate national reporting.
<b>HEP C</b>
PCRS will work with the Hep C Clinical Programme through a working group aimed at the treatment of patients with Hep C in the community. This is in line with the National Hep C Treatment Programme goal of eliminating Hep C by 2026.

<b>Medicines Management Programme (MMP)</b>
PCRS will continue its work with the MMP in implementing a number of initiatives in 2019 to achieve further efficient and effective prescribing practices. Plans include the appropriate use of oral nutritional supplements in addition to a policy on the use of biosimilars.
<b>IT Interface with PCRS for Contractors</b>
The suite of dashboards for Pharmacies, GPs, Dentists and Optometrists/Ophthalmologists to interface with PCRS will be further expanded and refined in 2019 to enable a fully electronic claiming interface for all types of claims and eliminate the need for paper.
<b>Probity</b>
PCRS will undertake enhanced levels of reviews/inspections across all contractor groups and carry out investigations where necessary to provide assurance in relation to the use of public monies.
<b>EU Regulations Office</b>
The integration of the EU Regulations Office into PCRS will continue in 2019 with the development of an electronic administration system in relation to health entitlements for citizens who are travelling between Ireland and other EU/EEA States and the UK post Brexit. The system will also support inter-state claims and payments.
<b>Reporting/Data Mining</b>
PCRS will continue to improve online access to its data for health researchers, service providers and other stakeholders through the publication of monthly reports and the provision of open, anonymised data. PCRS will also collaborate in research with the universities to address public health needs.
<b>Customer Relationship Management</b>
PCRS will carry out customer surveys and support meaningful customer engagement. It is also planned to develop an interactive web chat facility for clients of the NMCU and publish a PCRS Service Catalogue.
<b>Workforce Planning</b>
PCRS will continue the development of its workforce to deliver the best possible service to customers through induction, training support and advice.
<b>Strategic Plan 2019 – 2021</b>
PCRS will complete its consultation on a new Strategic Plan for 2019 – 2021.

# Actions

Primary Care Reimbursement Service (PCRS)	Target Q	
<b>Administer applications for eligibility under the primary care schemes including the GMS, DPS and LTI</b>	2019	c/f 2018 (Y/N)
<ul style="list-style-type: none"> <li>Implement changes announce in Budget 2019 to increase the GPVC eligibility threshold by 10% from April 2019, reduce the monthly DPS threshold by €10 and reduce prescription charges for people aged 70 and over by 50c, with the monthly cap reduced by €5.</li> </ul>	Q2	N
<ul style="list-style-type: none"> <li>Integrate the LTI scheme into the Medical Card application process.</li> </ul>	Q2	Y
<ul style="list-style-type: none"> <li>Progress rollout of document scanning in NMCU to improve efficiency of processing and file management.</li> </ul>	Q1-Q4	Y
<ul style="list-style-type: none"> <li>Automate updating of details within NMCU of client who enter nursing home care.</li> </ul>	Q3	N
<ul style="list-style-type: none"> <li>Enhance online functionality for NMCU, e.g. change of doctor, add baby, etc.</li> </ul>	Q2	N
<ul style="list-style-type: none"> <li>Provide web chat facility to support online Medical Card and GP Visit Card applications.</li> </ul>	Q4	N
<b>Reimburse contractors in line with service level agreements and health policy regulations</b>		
<ul style="list-style-type: none"> <li>Continue rollout of online processing to contractors, incl. LTI, Hardship and Exempt medicines.</li> </ul>	Q4	Y
<ul style="list-style-type: none"> <li>Optical approvals to progress to online process for service provision under the Community Ophthalmic Scheme.</li> </ul>	Q4	Y
<ul style="list-style-type: none"> <li>Develop further quality assurance around the DTSS contracts.</li> </ul>	Q4	Y
<ul style="list-style-type: none"> <li>Implement Termination of Pregnancy reimbursement for both GPs, Corporate entities and Pharmacies.</li> </ul>	Q1	N
<ul style="list-style-type: none"> <li>Implement new online service for Maternity &amp; Infant Scheme.</li> </ul>	Q2	N
<ul style="list-style-type: none"> <li>Implement GP contractual changes arising from GP Negotiations.</li> </ul>	Q4	N
<ul style="list-style-type: none"> <li>Extend PCRS reimbursement arrangements to hospitals to include medicines provided under local demand led schemes.</li> </ul>	Q4	Y
<ul style="list-style-type: none"> <li>Scope centralisation of Primary Childhood Immunisation Scheme.</li> </ul>	Q4	N
<ul style="list-style-type: none"> <li>Enhance processing in relation to patient specific arrangements for items not detailed in the Reimbursement List.</li> </ul>	Q4	N
<ul style="list-style-type: none"> <li>Complete roll out to all relevant sites in relation to centralised reimbursement of HIV Medicines subject to agreement at acute hospital and CHO level.</li> </ul>	Q4	Y
<ul style="list-style-type: none"> <li>The High Tech Hub provides full visibility and traceability of the ordering, supplying and dispensing of the High Tech medication. The plan is to expand speciality by speciality, with Rheumatology, Gastroenterology and Dermatology planned for Q1, and Oncology drugs the last speciality planned.</li> </ul>	Q1-Q4	Y
<b>Implement the provisions of the Framework Agreement on the Supply and Pricing of</b>		

<b>Medicines</b>		
<ul style="list-style-type: none"> <li>Assess and reimburse applications in relation to new drugs and new uses of existing drugs in 2019 in accordance with the procedures outlined in the Framework Agreement on the Supply and Pricing of Medicines.</li> </ul>	Q1-Q4	Y
<ul style="list-style-type: none"> <li>Reduce the price of patent-expired, non-exclusive, non-biologic medicines where first generic products become available.</li> </ul>	Q1-Q4	Y
<ul style="list-style-type: none"> <li>Reduce the price of patent-expired, non-exclusive, biologic medicines where first biosimilar products become available.</li> </ul>	Q1-Q4	Y
<ul style="list-style-type: none"> <li>Realign downward the price of all qualifying medicines on the 1st July 2019.</li> </ul>	Q3	Y
<ul style="list-style-type: none"> <li>Reference price medicines as appropriate.</li> </ul>	Q1-Q4	Y
<ul style="list-style-type: none"> <li>Collect the rebate of 5.5% as provided for in the Agreement.</li> </ul>	Q1-Q4	Y
<b>Strengthen quality, accountability and value for money across the organisation</b>		
<ul style="list-style-type: none"> <li>Continue to manage any potential risks associated with finance, data or technological risks.</li> </ul>	Q1-Q4	Y
<ul style="list-style-type: none"> <li>Continuously review all services and reimbursements for probity and value to ensure and protect patient and tax payer interests.</li> </ul>	Q1-Q4	Y
<ul style="list-style-type: none"> <li>Work with MMP on the Framework for price setting for biosimilars and influencing prescribing practices for these and for biologic medicines prescribed in the hospital setting and reimbursed in primary care setting.</li> </ul>	Q2	Y
<ul style="list-style-type: none"> <li>Implement recommendations from the ISO 9001:2015 in NMCU and CRM units.</li> </ul>	Q2	N
<ul style="list-style-type: none"> <li>Integrate PCRS Financial reporting systems into the HSE Financial Management Framework (IFMS).</li> </ul>	Q4	N
<ul style="list-style-type: none"> <li>Work with the Irish Medical Council to integrate registration data with a view to maximising efficiencies.</li> </ul>	Q3	N
<ul style="list-style-type: none"> <li>Work with the national Individual Health Identifier (IHI) project team as it develops the use of the IHI by Primary Care Contractors within the Community Health Services.</li> </ul>	Q4	Y
<ul style="list-style-type: none"> <li>Complete upgrade of core infrastructural components to ensure ongoing performance and resilience of medical card eligibility assessment and reimbursement operations.</li> </ul>	Q2	Y
<ul style="list-style-type: none"> <li>Develop an information management strategy for PCRS.</li> </ul>	Q4	N
<ul style="list-style-type: none"> <li>Expand the range of information available on the PCRS website and Open Data.</li> </ul>	Q1-Q4	Y
<ul style="list-style-type: none"> <li>Engage with external stakeholders and support meaningful customer engagement in compliance with NALA standards by providing training opportunities.</li> </ul>	Q1-Q4	Y
<ul style="list-style-type: none"> <li>Carry out customer surveys.</li> </ul>	Q3	N
<ul style="list-style-type: none"> <li>Publish a PCRS Service Catalogue.</li> </ul>	Q4	N
<ul style="list-style-type: none"> <li>Publish PCRS Strategic Plan 2019 – 2021.</li> </ul>	Q1	N
<b>Introduce an electronic administration system in respect of the EU Regulations Office</b>		



<ul style="list-style-type: none"> <li>Implement the European Commission's Electronic Exchange of Social Security Information (EESSI) in compliance with Regulation (EU) 987/2009, including realignment of the application process and entitlement assessment.</li> </ul>	Q2	N
<ul style="list-style-type: none"> <li>Provide an IT enabled client entitlement management system.</li> </ul>	Q4	N
<ul style="list-style-type: none"> <li>Enhance the collection of income from other states through the completion and integration of the HBS IT enabled solution for managing the collection of hospital and primary care data.</li> </ul>	Q4	Y
<ul style="list-style-type: none"> <li>Examine and implement the necessary changes as they evolve concerning health entitlement in a post-Brexit situation.</li> </ul>	Q2-Q4	N
<b>Develop the workforce to deliver the best possible service</b>		
<ul style="list-style-type: none"> <li>Complete the Excellence through People accreditation.</li> </ul>	Q3	Y
<ul style="list-style-type: none"> <li>Build and maintain an active Grade III and other panels in order for HR to reduce staffing gaps.</li> </ul>	Q2	N
<ul style="list-style-type: none"> <li>Invest in professional development programmes to improve leadership capabilities.</li> </ul>	Q2	N
<ul style="list-style-type: none"> <li>Promote the achievement of work-life balance and wellness in our employees.</li> </ul>	Q4	Y
<ul style="list-style-type: none"> <li>Carry out a skills gap analysis and provide training to meet organisational needs.</li> </ul>	Q1-Q4	N
<ul style="list-style-type: none"> <li>Adopt a HR business partner (HRBP) model to align business objectives with employees and management in designated business units. The HR department will assign relationship managers to units within PCRS in 2019.</li> </ul>	Q3	N

# Budget

The HSE National Service Plan 2019 details a net budget allocation of €2,667.5m for PCRS. An additional €70.3m, which will initially be held by the DoH, has been allocated for new developments in 2019.

## 2019 Net Expenditure

	Gross Budget	Income	Net Budget
	€m	€m	€m
Primary Care Reimbursement Service	2,757.00	89.50	2,667.50

## 2019 PCRS Budget Allocation

Scheme / Arrangement Payment Category	Allocation 2019 €m
GP Fees and Allowances	537.51
Drug Target Refund	0.40
GMS Pharmacy Claims	828.94
DPS Pharmacy Claims	66.00
LTI Pharmacy Claims	241.00
EEA Pharmacy Claims	0.86
Dental Treatment Services	62.81
High Tech Arrangement	703.01
Methadone Treatment	21.37
Health Amendment Act 1996	1.63
Community Ophthalmic Services	29.48
Hardship Arrangements	14.40
OPAT Programme	8.39
OPIT Programme	3.86
NDMS - Orphan Drugs and Medicines	16.97
NDMS - Oncology Drugs and Medicines	46.94
NDMS - Hepatitis C Programme	25.00
NDMS - Other Hospital Drugs - MS	13.25
NDMS - Other Hospital Drugs - ERT	2.80
PCRS Administration (Pay and Non-Pay)	42.88
<b>Total Net Budget Allocation</b>	<b>2,667.50</b>

# Appendix 1

## Performance Indicator Suite

National Medical Card Unit		
Indicator	Reporting Frequency	Expected Activity/ Target 2019 as per NSP
% of Medical Card / GP Visit Card applications processed within 15 days.	M	99%
% of Medical Card / GP Visit Card applications, assigned for Medical Officer review, processed within 5 days.	M	95%
% of Medical Card / GP Visit Card applications which are accurately processed from a financial perspective by National Medical Card Unit staff.	M	96%
% of Medical Card / GP Visit Card applications that are processed from end to end without the need for additional information.	M	80%
No. of persons covered by Medical Cards as at 31 <sup>st</sup> December	M	1,541,667
No. of persons covered by GP Visit Cards as at 31 <sup>st</sup> December	M	528,079
<b>Sub-total</b>		<b>2,060,602</b>

## Volume of Service

PCRS	
Indicator	Expected Activity/ Target 2019 as per NSP
<b>General Medical Services Scheme</b>	
No. of General Medical Services Scheme prescriptions	18,685,315
No. of General Medical Services Scheme items prescribed	58,347,423
No. of claims – Special Items of Service	1,150,392
No. of claims – Special Type of Consultations	1,263,375
<b>Long Term Illness Scheme</b>	
No. of Long Term Illness Scheme claims	2,506,941
No. of Long Term Illness Scheme items prescribed	8,829,947
<b>Drug Payment Scheme</b>	
No. of Drug Payment Scheme claims	2,272,160
No. of Drug Payment Scheme items prescribed	7,544,139
<b>High Tech Arrangements</b>	
No. of High Tech Drugs claims	708,859
No. of High Tech Drugs items	802,266

PCRS	
Indicator	Expected Activity/ Target 2019 as per NSP
<b>DTSS</b>	
Total no. of Dental Treatment Service Scheme treatments	1,185,985
No. of Dental Treatment Service Scheme treatments (above the line/routine)	1,124,567
No. of Dental Treatment Service Scheme treatments (below the line/complex)	61,418
No. of patients who have received Dental Treatment Services Scheme treatment (above the line/routine)	556,847
No. of patients who have received Dental Treatment Services Scheme treatment (below the line/complex)	59,328
<b>COSS</b>	
Total no. of Community Ophthalmic Services Scheme treatments	793,256
a) Adult	688,949
b) Children	104,307

## Appendix 2

### Human Resources

PCRS Staff Categories as at 31<sup>st</sup> Dec 2018

	Health & Social Care Professionals	Management/ Admin	General Support Staff	Total
WTE	21	381.97	3	405.97

N.B. The table does not include staff vacancies or staff not directly working within PCRS. The staff ceiling at the end of December 2018 was 485 (rounded).