



Primary Care Eligibility & Reimbursement Service
(PCERS)

Strategic Plan 2019-2021

Seirbhís Sláinte
Níos Fearr
á Forbairt

Building a
Better Health
Service



Primary Care Eligibility & Reimbursement Service
(PCERS)

Strategic Plan 2019-2021

Introduction

The Primary Care Eligibility & Reimbursement Service (PCERS) has a unique role within the Health Service Executive (HSE). People who seek to obtain or retain eligibility under the General Medical Services (GMS) scheme interact directly with the PCERS – National Medical Card Unit (NMCU). Moreover, the processing of applications for eligibility under the Drugs Payment Scheme (DPS) and the Long Term Illness (LTI) scheme is also managed centrally. Over the period of this plan additional schemes – Maternity & Infant and reimbursement for the Primary Childhood Immunisation (PCI) scheme will also be centralised within the PCERS.

The number of people with eligibility under the various primary health schemes is approximately 3.6 million. The assessment of eligibility across an increasing range of primary care schemes is now undertaken centrally. As such, we recognise that the existing organisation's designation – Primary Care Reimbursement Service (PCRS) does not accurately reflect the current breadth and depth of the core business of the organisation. Therefore, the designation Primary Care Eligibility & Reimbursement Service (PCERS) is used throughout this document.

In addition to overseeing the assessment of eligibility, the PCERS also has accountability for the disbursement of almost €2.738 billion (17% of 2019 national health budget), thus positioning the PCERS to the forefront of healthcare delivery within the HSE.

It is important to emphasise that by 2021 it is not envisaged that the PCERS will have a fundamentally different remit to that currently assigned, albeit our functions may continue to evolve. The progression of the PCERS over the period of this plan will continue through the recognition of the patterns that drive current business activity and the insights acquired by analysing the wider environment in which we operate.

In this document we set out our strategy for the three year period 2019-2021. The PCERS culture is about having a shared commitment to high standards and values, with customers and stakeholders at the heart of our decision-making. The calibre, dedication and commitment of the PCERS workforce ensures there is a strong belief in serving our customers and stakeholders in an efficient and impartial manner.

Finally, this strategy drives our choices and enables us to prioritise our efforts. I expect this plan will build lasting value for all who interact and indeed depend on us, as a health service provider of scale, within in the wider public sector.



Anne Marie Hoey

Assistant National Director

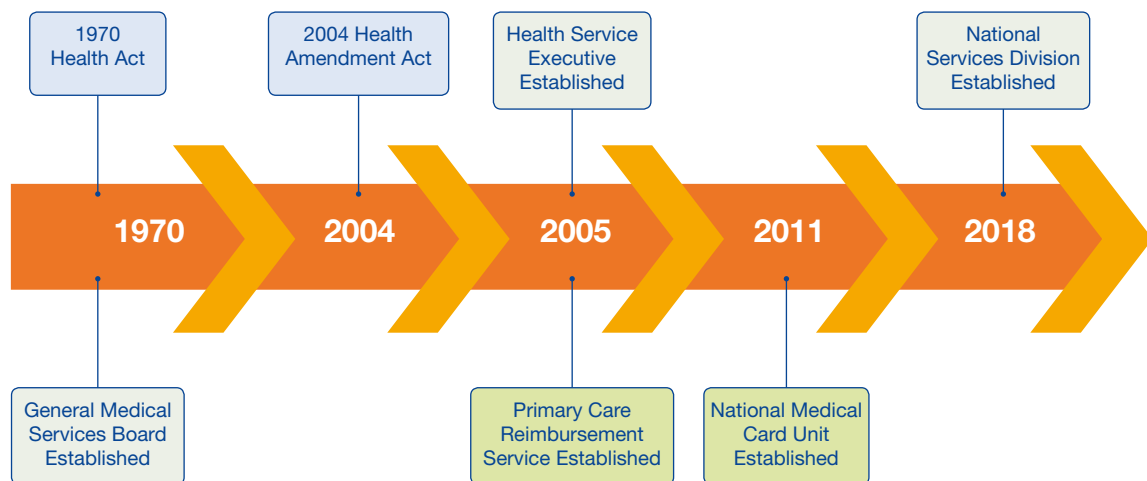
Primary Care Eligibility & Reimbursement Service

Contents

Introduction	1
Strategic Planning Context	3
Figure 1: No. of Persons with Eligibility as on 1 January each year	4
Figure 2: PCERS Expenditure	5
PCERS – Functional Business Units	7
Vision and Mission	8
Figure 4: PCERS Vision and Mission	8
Figure 5: PCERS Core Values	9
PESTEL Analysis	10
Political factors	10
Economic factors	11
Sociological factors	12
Figure 6: Increasing levels of eligibility in the age group of 70 years and older	12
Technological factors	13
Environmental factors	13
Legal factors	14
Enabling elements	15
Financial Performance and Accountability	15
Workforce	15
Information Communications Technology (ICT)	16
Analysis and Reporting (A&R)	16
Customer Relations Management (CRM)	16
Probity and Investigation	17
Dental inspectorate	17
Medical advice and support	17
Our Six Strategic Goals	18
Summary of High Level Strategic Actions 2019-2021	19
PCERS Stakeholder List	21

Strategic Planning Context

The Primary Care Reimbursement Service (PCRS) traces its evolution from the dissolution of the General Medical Service (Payment) Board, as set out in the Health Act 2004, and the transfer of the functions and employees of that body to the Health Service Executive (HSE).



Since 2005, the functions of the PCRS have multiplied in scale and become more complex in nature.

The PCERS has principally four core functions:

1. Assessment of eligibility across a range of community health schemes
2. Reimbursements to healthcare professionals – general practitioners, dentists, pharmacists and optometrists/ophthalmologists and to other high-cost medicines suppliers, in respect of services provided directly or indirectly to persons with valid eligibility
3. Approval for the use and reimbursement of certain medicines not already detailed on the Reimbursement Items List and High-Tech Medicines arrangement
4. Collates data, compiles statistics and trend analysis for the Government, HSE, Customers, Stakeholders and members of the public.

As regards the eligibility function, the HSE recognised the benefits, economies and efficiencies to be gained from streamlining the assessment for Medical Card eligibility and GP Visit Card eligibility at one National Centre. The policy to centralise, within the PCRS, commenced from 1 January 2009, with the assessment of Medical Card eligibility and GP Visit Card eligibility for persons aged 70 years and older and for all persons since 1 July 2011.

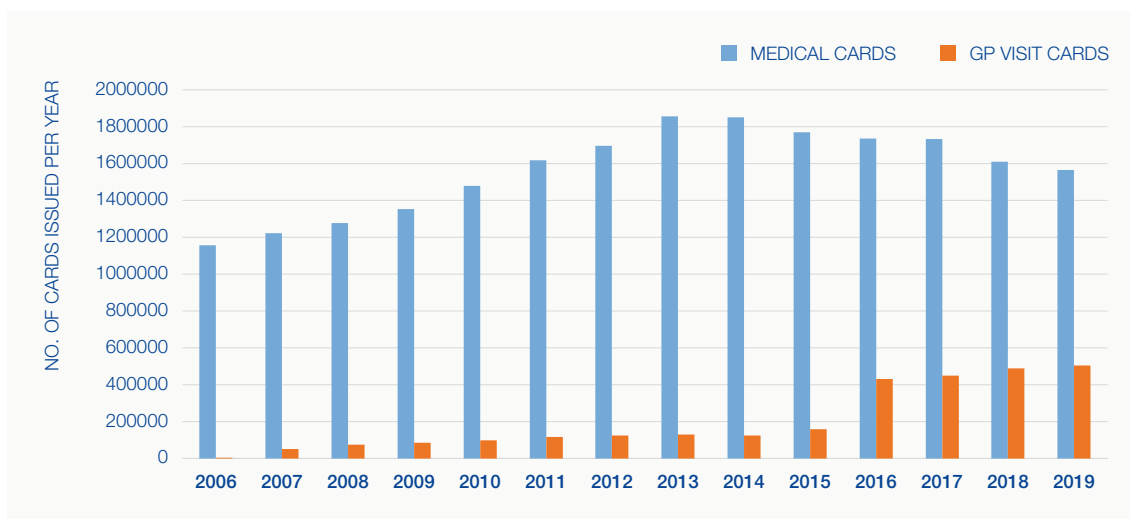


Figure 1: No. of Persons with Eligibility as on 1 January each year

The objectives of the centralisation process were to:

- ▶ provide for a single uniform system for the assessment of Medical Card and GP Visit Card applications and review of pre-approved eligibility, replacing the different systems previously operated in the local health offices
- ▶ streamline work processes and implement process improvements resulting in more efficient processing
- ▶ reduce the number of staff required to process applications and review eligibility
- ▶ improve customer services
- ▶ ensure greater governance and accountability over the assessment of Medical Card and GP Visit Card eligibility
- ▶ replicate, as appropriate, the model of eligibility assessment for other primary health schemes
- ▶ enable one national service to respond swiftly to changes regarding eligibility, as determined by Government policy.

Since the centralisation of the eligibility assessment and processing in the PCERS, efficiencies have been achieved through wider adoption of new technology, leveraging the benefits of scale, process redesign and the adoption of an integrated approach, which has prevented fragmentation. In recent years, additional services have been added to the remit of the PCERS and existing services have expanded and grown. For example, since 2015, eight new eligibility schemes/arrangements have been added to PCERS's responsibility: GP Visit Cards – Under 6s; GP Visit Cards – Over 70s; Medical Cards – Redress for Women in Certain Institutions; Medical Cards – Children under 18 with Cancer; Medical Cards – Children under 16 in respect of whom Domiciliary Care Allowance is paid; GP Visit Cards – Carers; Medical Cards – specific clients relating to National Cancer Screening Service and the eligibility policy implications arising from the Comprehensive Employment Strategy for People with Disabilities – Make Work Pay.

Separately, the administration of Ireland's obligation under EU Regulations for the provision of medical services to EU citizens and the recouping of expenses from other member states has, since 2018, come within the governance of the PCERS.

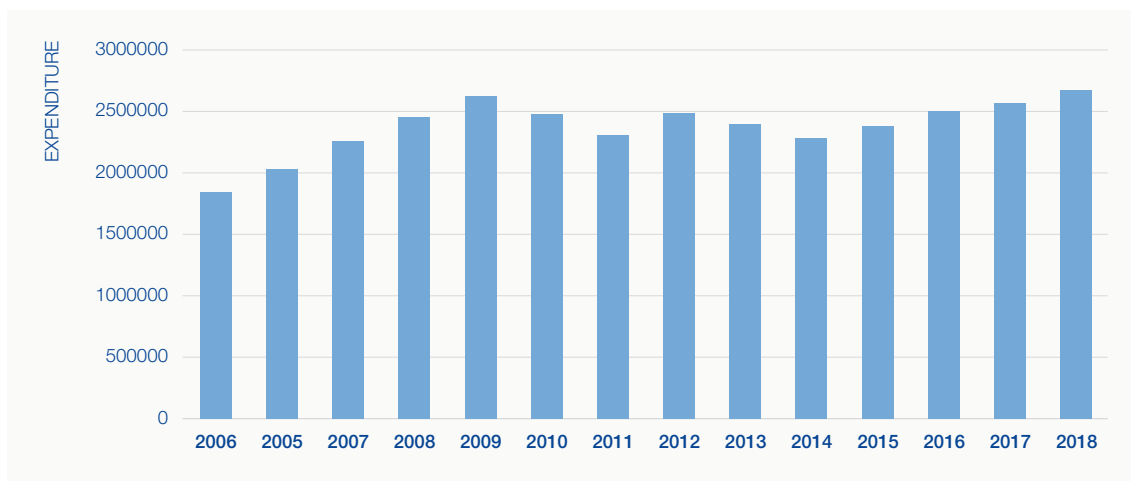


Figure 2: PCERS Expenditure

As regards the reimbursement remit, the net financial resources (€2.738bn) administered by the PCERS, which amounts to approximately 17% of the 2019 national health budget (€16,050bn), places significant challenges and responsibility at all levels in the PCERS.

About 7,000 healthcare professionals – general practitioners, dentists, pharmacists and optometrists/ ophthalmologists – have a contract for service with the HSE to provide services to persons with valid eligibility. Each healthcare professional operating as a primary care contractor and a range of other suppliers are reimbursed by the PCERS on a monthly basis, in accordance with the terms of contract.

The policies introduced by Government, since 2009, to address the economic crisis, together with the advancement following the amalgamation within the PCERS of the Medical Card and GP Visit Card schemes, have achieved significant savings and enhanced value-for-money for the Exchequer, both directly and indirectly.

This in turn has provided the financial space for the extension of eligibility¹ to more people in line with Government policy and enabled a significant expansion in the range of new drugs approved for reimbursement under the GMS, High-Tech and Community Drugs schemes.

Consequently, the year-on-year budget allocation to the PCERS, since its establishment in 2005 belies the noteworthy increase in the numbers of people that now have eligibility to services across a range of community health schemes in comparison to the historical levels of eligibility pre-centralisation of the General Medical Services (GMS) scheme.

Similarly, the extended range of financial services currently undertaken by the PCERS, include:

- ▶ payments administered on behalf of certain national clinical programmes (e.g. OPAT and OPIT)
- ▶ payments in respect of operating costs incurred within the acute hospital division for particular high-cost medicines (e.g. Hepatitis C drugs; Oncology drugs and Multiple Sclerosis drugs)
- ▶ direct payments to approximately 200 other suppliers for routine business activity

In recent years the HSE Corporate Pharmaceutical Unit (CPU) has been integrated within the overarching governance of the PCERS. The CPU is the interface between the HSE and the Pharmaceutical Industry in relation to medicine pricing; reimbursement applications and the operation of the national pricing framework agreements.

¹ The number of people with eligibility (MC+GPVC) has increased by 13.6% (248,658) between Jan 2012 and Jan 2019.

Working in close collaboration with the National Centre for Pharmacoeconomics (NCPE) Ireland, the CPU reviews the cost effectiveness of all new and innovative medicines following receipt of an application from pharmaceutical corporations to have such medicines detailed on the List of Reimbursable Items. 188 applications, relating to new chemical entities or new indications, were under consideration in the period 1 August 2016 to 31 December 2018.

Medicines that have a significant budgetary impact are subjected to formal pharmacoeconomic assessment. The process assesses the efficacy and cost-effectiveness of medicines and technologies for use by patients in Ireland. Following consideration and recommendation by the National Drugs Group, the approval of medicines for inclusion on the Reimbursement List of Drugs rests with the HSE National Leadership Team. Over the period of this plan, further structural enhancement will be considered to harness the expertise that exists within the CPU – as currently constituted – in order to maximise and integrate the pharmacy resource apportionment, across all elements of the HSE.

Separately, the Pharmacy Function/Drugs Unit reviews applications submitted in respect of patient-specific arrangements involving products that may include drugs, medicines and appliances. This unit works in partnership with the HSE Medicines Management Programme (MMP) – whose remit is to promote safe and effective prescribing among GPs, by undertaking a number of initiatives aimed at enhancing evidence-based and cost-effective prescribing nationally. The Pharmacy Function/Drugs Unit undertakes an oversight role in respect of the supply of medicines to persons with valid eligibility by community pharmacists. The Unit also maintains the published Drugs Reimbursement List and Product File, processes non-drug product applications and manages the HSE pharmacists based in each Community Healthcare Organisation (CHO) area.

The PCERS has seen a significant increase in the number of projects, both internally and externally. All such projects impact on our ability and capacity to enhance existing services, while supporting the implementation of new business initiatives. For example, the implementation of the High-Tech Drug Hub in 2017 and 2018 to enhance transparency of increasing expenditure; the introduction of a new approach to phased dispensing validation to better manage this fee expenditure category and the expansion of online services to the public and service providers to improve customer service. Each project and new initiative, amplified by external pressures, involves the design of elaborate transformational processes.

The PCERS operates within a complex stakeholder² environment and engages with a range of customers and stakeholders for a variety of purposes, the most important of these is its relationship with the public and patients, providing customer service and information, primarily in respect of eligibility.

The PCERS is also the day-to-day contact point for healthcare professionals for reimbursement matters relating to the provision of service to people with valid eligibility under the GMS scheme and Community Drugs schemes. The maintenance of positive and productive relationships with these customers and service providers is crucial for the overall delivery of the HSE's service objectives. This applies to a similar extent with pharmaceutical suppliers and manufacturers.

The PCERS is subject to audits and reviews from a range of regulatory oversight agencies [e.g. Comptroller & Auditor General; Health Information and Quality Authority; Ombudsman; Information Commissioner; Data Protection Commissioner; and An Coimisinéir Teanga]. Audit and compliance review, while necessary and welcomed to ensure appropriate standards of performance, quality and value-for-money, has increased significantly in recent years in line with the expanded range of business activity.

In accordance with legislation, the PCERS maintains data sharing arrangements with Government Departments and agencies. The PCERS also provides anonymised statistical data to certain research groups aimed at improving health outcomes.

2 PCERS Stakeholders – page 21.

PCERS – Functional Business Units

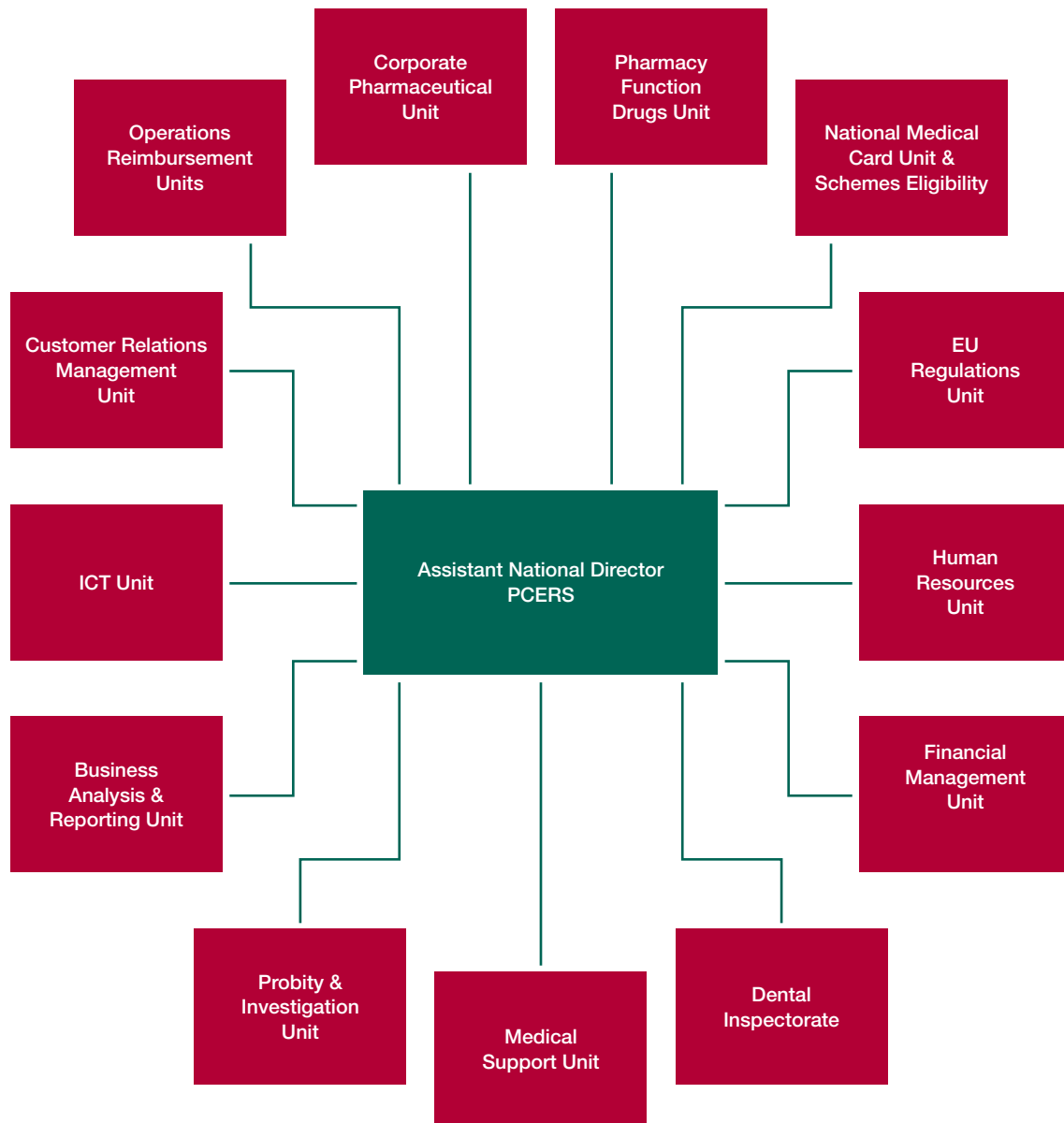


Figure 3: PCERS – Functional Business Units (January 2019)

Vision and Mission

The PCERS undertakes a unique role in the overall delivery of the national health framework. Regardless of our growing size, scope and reach, our common Vision and Mission together with our distinct Values form the fabric for our business model. Our Vision drives a strong relationship with every customer and stakeholder through positive and meaningful engagements that continually enhances the PCERS brand and reputation.

Team members, at every level of the PCERS, share their passion and their discipline about how to make our Vision come alive. This is not the exclusive domain of senior managers; it falls to every team member. Our team members have the responsibility to be the link between our Vision and our customers and stakeholders.

We strive for continuous improvement and service excellence. This is the philosophy that guides us toward continuing success. The high expectations that our customers and stakeholders have of the PCERS and the even higher expectations that we have of ourselves defines our culture. Put simply, our culture is understanding our Vision, Mission and our Values so well that each team member instinctively knows what they need to do, at all times.

As members of the same team – irrespective of our role, grade or position – our shared Vision, our clear Mission and our core Values unite us as one PCERS. We also recognise, as do others, that the PCERS has not perfected itself. When our actions do not live up to our best intentions or where we struggle to keep the promise of outstanding service, we will readily acknowledge our shortcomings. We commit to learning from failings, to keep moving forward with a greater understanding of the impact of our errors and a deeper commitment to always doing what's right – in the right way.

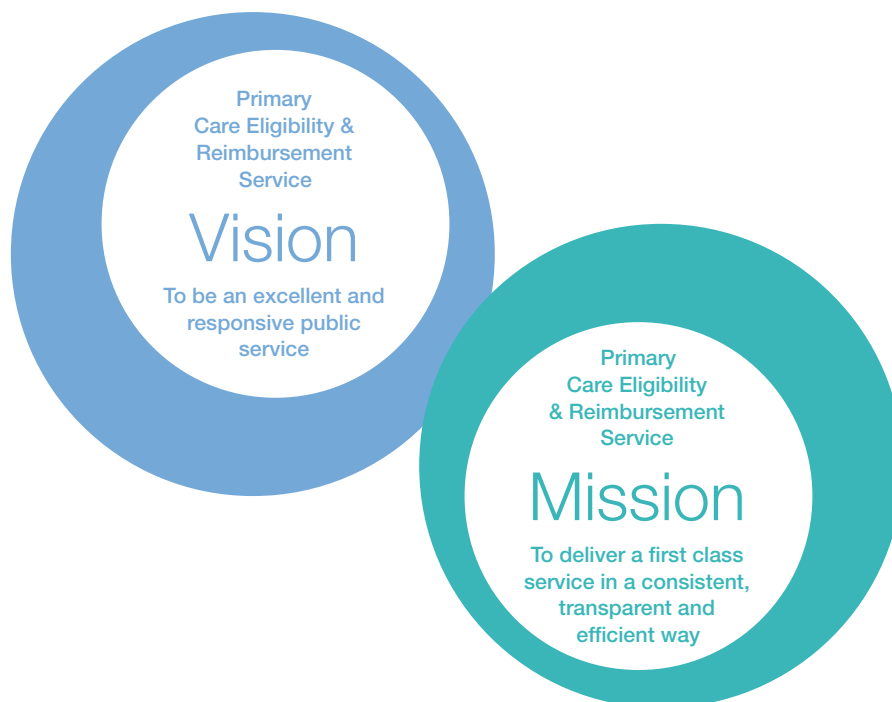


Figure 4: PCERS Vision and Mission

Core Values

Our values guide every conversation and decision. Our values also anchor every interaction, irrespective of the channel by which we engage with our customer and stakeholders.

Our decisions will always be based on the common understanding of our culture where our values are lived and this approach informs our policy development and operational procedures. We want our team members to feel proud of working for the PCERS, where everyone knows instinctively what needs to be done to go the extra mile to do what's right. We want our customers, our stakeholders and our team members to know that the measurement of success is unquestionably as much to do with attitude as aptitude – what's in our hearts, not just our heads.

The Primary Care Eligibility & Reimbursement Service (PCERS) values are:

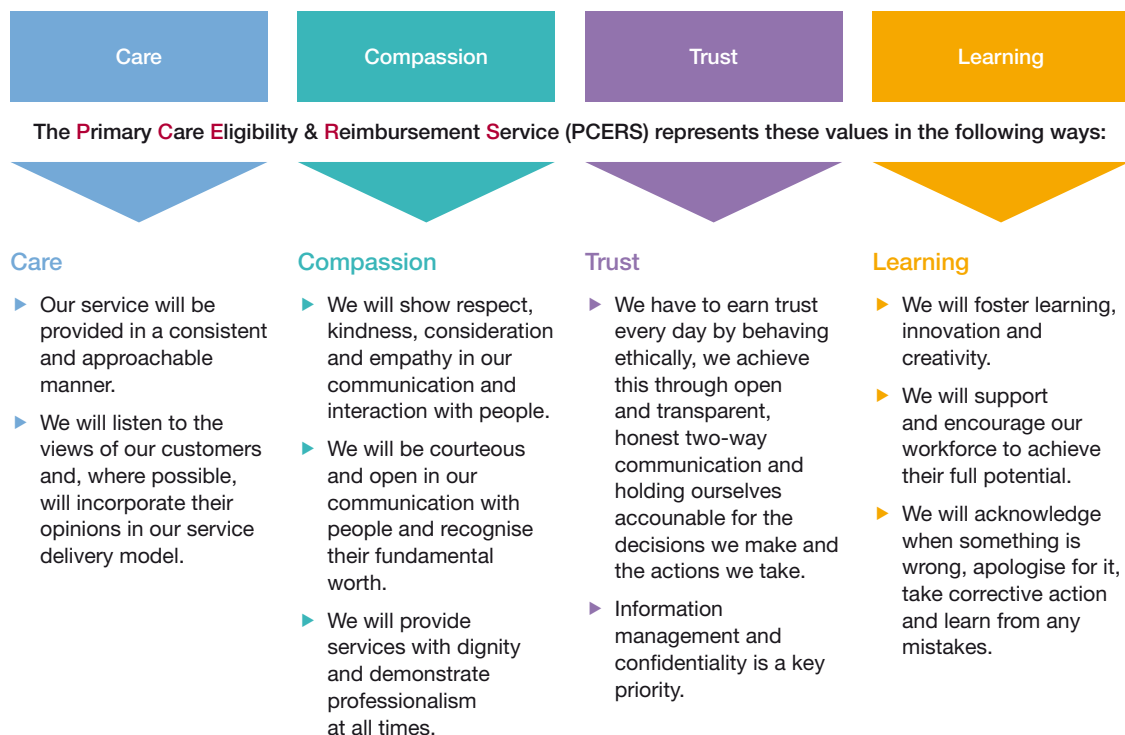


Figure 5: PCERS Core Values

PESTEL Analysis

The environment in which the PCERS operates is fluid and ever changing. To fulfill the overarching PCERS vision: *“to be an excellent and responsive public service”* requires continuous innovative and adaptive ways of doing business with the varied range of customers and stakeholders that engage with our services. These demands challenge all functions of the PCERS to provide ever-more effective and efficient approaches to serve our customers and stakeholders.

In developing this PCERS Strategic Plan 2019-2021 the environment in which the PCERS operates has been analysed to inform the key drivers for change and the future direction for the PCERS. This analysis has been undertaken using the **PESTEL** model and the salient factors are outlined hereunder. Although there are many changes occurring in the wider environment it will be the combined effect of *some* of these factors that will be so important rather than *all* of the factors separately.

Political factors

Continuous organisational reform is a prerequisite and public service departments and agencies that demonstrate an appetite for change in driving cost containment and efficiency improvements are regarded as responsive, flexible and innovative in the delivery of high-quality value for money outcomes. The Public Service 2020 document, [Department of Public Expenditure and Reform], is the framework for a more responsive approach to ongoing engagement with customers and stakeholders. The 18 specific actions to deliver better outcomes for the public influenced the development of the PCERS Strategic Plan 2019-2021.

The Sláintecare Implementation Strategy was published in August 2018. The publication of that strategy provided an indication of the government’s intention to bring about a transformational reform of the health service. The Sláintecare Report places particular emphasis on the need for universal access to an expanded community-based care system and a move away from the overly hospital-centric model that provides the first port of call for many who need access to health care and support. Twenty High Impact Actions are outlined of which four actions will have a direct bearing on the remit of the PCERS. They are as follows:

- ▶ Accelerate roll out of eHealth systems and infrastructure
- ▶ Reform GP contract including new chronic disease management programme for GMS/GP visit card population
- ▶ Review income threshold for GP visit cards
- ▶ Review eligibility framework to develop a roadmap to achieve universal entitlement

That being the case, the PCERS acknowledges the need to continue to be innovative in order to support the reforms outlined in ‘Our Public Service 2020’ and in the ‘Sláintecare Report’. The agility of the PCERS to effectively and efficiently implement new or modified business arrangements – sometimes at short notice – is fundamental to delivery of the Government’s health policy. The specific reform envisaged in the Sláintecare Implementation strategy to fundamentally reform the existing eligibility framework in order to remove barriers and support a move towards universal healthcare will have particular significance for the PCERS.

The scale and the complexity of the remit of the PCERS has historically resulted in explicit public interest and intense political and media scrutiny on the way the PCERS discharges its functions. This was particularly the case for some considerable period post-centralisation, and still remains, albeit to a lesser extent, with regard to the assessment of eligibility for individuals, across a range of health schemes. Many citizens enlist the support of their public representative to advocate on their behalf as they seek to obtain or retain eligibility. Consequently, the PCERS must attend to this aspect of the business by committing significant resources to deal with: queries, complaints, freedom of information requests, political representations and political oversight more generally.

Additionally, representative organisations, representing the approximate 7,000 healthcare professionals that operate under a contract for service with the HSE for the provision of service to people with eligibility, interact with the PCERS on a continuing basis. Working collaboratively with these key stakeholders is central to building meaningful relations, respect and trust in the delivery of service to patients.

It is important to highlight that the PCERS operates the eligibility application process and the protocols for the reimbursement to health care professionals with strict adherence to underpinning legislation and to Government policy.

Economic factors

Major international developments, in particular the impact of the UK's decision to leave the EU and the change in US policy direction, mean that the services overseen by the PCERS are delivered against a backdrop of considerable economic uncertainty. The enduring effectiveness, efficiency and flexibility of the PCERS is therefore a critical element in the resilience of the HSE in coping with economic factors that may impact or restrict the allocation of financial resources for existing and new levels of service provision. Ireland's recovery from the sharp economic downturn is now well established; the economy is growing at a relatively robust pace and all sectors of the economy have shown gains since 2012. The employment growth between 2012 and 2018, represents an increase of over 350,000 jobs.

The unemployment rate has a direct correlation on the number of people that qualify to obtain or retain eligibility, based on the current assessment guidelines, including the financial thresholds for schemes that have a means-test as the principle criteria for the grant of eligibility. Thus, the overall number of people with eligibility under the GMS scheme has increased by 248,658 in the six year period since January 2012. The number of people with Medical Card eligibility decreased by 129,014 between January 2012 and January 2019, while the number of people with GP Visit Card eligibility increased by 377,672 in the same period, in line with the introduction of free GP care for children under 6 years and for persons aged 70 years and older.

The expanded availability of High-Tech medicines for the treatment of certain medical conditions together with further changes to reduce prescription charges as well as reductions in the monthly threshold for the Drugs Payment Scheme (DPS) are all key factors in the economic and fiscal situation pertaining to the PCERS.

While the medicine costs associated with the community schemes and the High-Tech Arrangement has been relatively stable at about €1.7 billion since 2012, this is due, mainly, to benefits derived by the State from (i) the Framework Agreement on the Supply and Pricing of Medicines – with the Irish Pharmaceutical Healthcare Association (IPHA); (ii) a successful programme of reference pricing and (iii) generic substitution. These initiatives have reduced prices for both off-patent and on-patent treatments. However, this apparent headline stability masks a change within the total. The cost element for drugs and medicines supplied under GMS scheme has reduced from €1.2 billion in 2013 to €875 million in 2018. On the other hand, the net expenditure on the High-Tech arrangement has grown from €442 million in 2013 to about €732 million in 2018. Growth in spending for the supply of High-Tech medicines will certainly raise significant challenges in future years, driven primarily by the increasing volume of existing medicines in addition to the high cost of the future pipeline of new medicines.

The Sláintecare Report has identified the need for a significant increase in the national health budget over the next 10 years. Given that almost one-fifth of the overall budget is currently managed by the PCERS, it can be presumed that further increases in the national health budget will result in a proportionate increase in the financial allocation to the PCERS during the period of this plan. In addition to the likely expansion in the availability of new and innovative medicines, Government policy changes that incrementally increase the number of people qualifying for eligibility and change to existing contracts for service with general practitioners, and perhaps other primary care contractors will undoubtedly have operational and economical implication for the PCERS in terms of the protocols for reimbursement to primary care contractors, the suppliers of medicines and other service providers.

Sociological factors

The demographic profile of the Irish population is continuing to change with increasing demands on the public healthcare system. Health and social care services continue to face huge demographic pressures and a rising burden of chronic disease. The overall population has been rising steadily in the last decade and is projected to increase by 4.9% by 2021. The population is also ageing – life expectancy in Ireland is above the OECD average, age 84 for woman and 79 for men – resulting in greater care requirements.

Moving towards 2021, the population aged 65 and over will have increased by 38% over the 10 previous years, while the number of people aged over 85 years is currently increasing by approximately 3.3% each year. Approximately 38% of Irish people over 50 years have one chronic disease and 11% have more than one.

These sociological factors have a direct bearing on the business of the PCERS manifested through increased level of eligibility, including the grant of eligibility on a discretionary basis and, more particularly, because eligibility increases in the age cohort 70 years and older [Fig. 6]. An ageing population and lifestyle factors are contributing to a sharp increase in the prevalence of chronic disease with multiple morbidities, which has a direct bearing on the range, diversity and cost of services that are provided by primary care contractors.

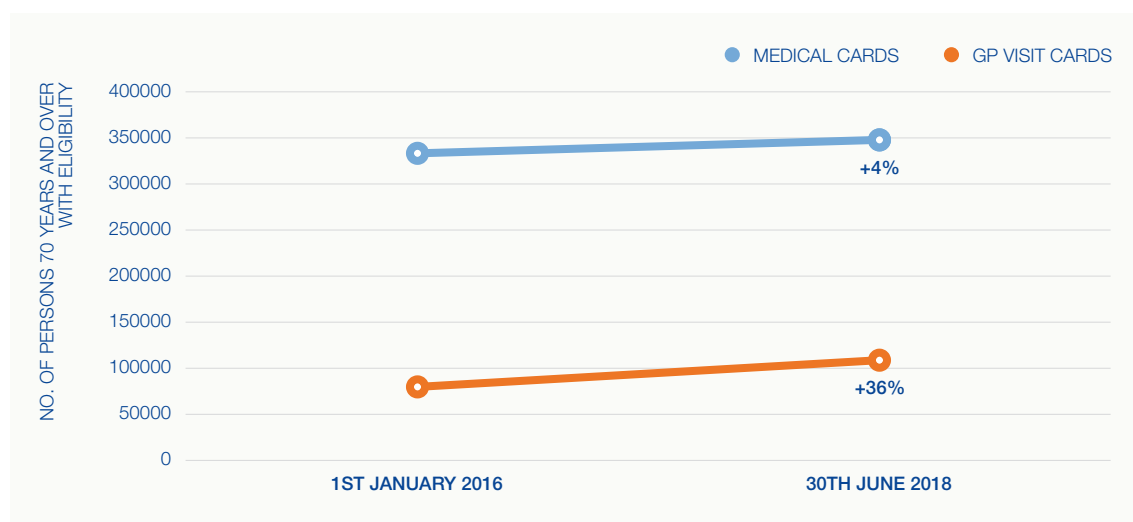


Figure 6: Increasing levels of eligibility in the age group of 70 years and older

The ageing population require a greater range of health services, including medicines, and these factors are evident in an increased level of reimbursement by the PCERS to the healthcare professionals that provide services to those people with full or partial eligibility.

Separately, over the period of this plan, the PCERS will further refine our engagement approach with customers who wish to interact with the PCERS service offering, exclusively through the medium of the Irish language.

Technological factors

The application of technology to processes in healthcare is dramatically transforming the landscape of healthcare management and service delivery. As a result, digital transformation is increasingly becoming a strategic priority as it has fundamentally changed the way individuals communicate and interact. As the pace of innovation accelerates, customer and stakeholder experiences are redefined.

The PCERS will continually develop its service offering to engage with those we serve in ways that are most convenient to them. Driven by a focus on convenience we are expanding our capabilities and exploring new service models to create seamless, integrated and consistent service – which ultimately leads to a more satisfied customer and a better stakeholder experience.

There is growing recognition that the integration of systems and processes via eHealth will be a critical enabler in the digital transformation journey. eHealth provides a mechanism to drive efficiencies and improve standards of service for customers and stakeholders.

The growth of process automation has demonstrated the capacity to create better access to health services, reduce costs and increase efficiencies in the healthcare system. Within the PCERS we plan to extend our use of digital technology to support our business. Through investment in improved technology, and our information management infrastructure as well as our communication channels, we will enable greater online access to our customers. We plan to streamline access to further Community Health Schemes and the associated reimbursement services.

We will improve our business efficiency and reduce unnecessary administrative burden through innovative, convenient and secure use of online technologies for the implementation of large scale change at a national level and to operationalise new policy decisions in a timely manner across the eligibility and reimbursement domains.

Environmental factors

Providing high quality service to our customers and stakeholders is core to the PCERS and in doing so we recognise that our business activity has an impact on the environment.

To help tackle this concern the HSE Directorate established the National Health Sustainability Office (NHSO), whose responsibility it is to develop and implement national sustainability strategies within the Health Service. The Sustainability Strategy for Health 2017-2019 is the first step towards achieving a more sustainable health system. It sets out the Health Service's strategic plan to deliver on the HSE's commitment towards becoming a leading sustainable organisation delivering low carbon quality sustainable healthcare, with the purpose of preserving natural resources, reducing carbon emissions, mitigating the effects of climate change and safeguarding high quality patient care.

The PCERS will align its environmental aspirations with the NHSO's key integrated priorities relating to sustainable development in health care and we are conscious that our operational business activities currently involves the use of a substantial amounts of print and plastic materials. We are therefore committed to significantly reducing our impact on the environment through minimisation of any material or work practices that have an adverse environment impact. We will achieve this by promoting awareness of applicable waste management practices, enhancing access to online services and continually improving our environmental stewardship.

Legal factors

Given the nature and scale of the PCERS business model, together with the assigned resources, the PCERS must implement excellent corporate governance in compliance with governing statutes and regulatory standards. The range of legislation that underpins the business of the PCERS include:

- ▶ Health Acts 1970-2018
- ▶ Relevant Statutory Instruments
- ▶ Freedom of Information Act 2014
- ▶ Data Protection Acts 2018 – (European Union – General Data Protection Regulations)
- ▶ European Commission Regulation 883/2004 and its implementing Regulation 987/2009
- ▶ Official Languages Act 2003
- ▶ Ombudsman Act 1980 (as amended)
- ▶ Health Act 2007 (Health Information and Quality Authority)
- ▶ Relevant Financial legislation
- ▶ Relevant Employment legislation
- ▶ Contract for Service with Primary Care Contractors
- ▶ Relevant European Court of Justice Decisions on Health Entitlement within EU/EEA States

The PCERS is wholly committed to achieving full compliance with the entire range of legislation that specifically underpins our core functions. We will achieve operational excellence by continually demonstrating adherence to the standards and high-quality mandated by the range of independent statutory agencies that oversee and evaluate compliance with the regulatory regime for public bodies [e.g. Comptroller & Auditor General; Health Information and Quality Authority; Ombudsman; Information Commissioner; Data Protection Commissioner; and An Coimisinéir Teanga].

Enabling elements

Financial Performance and Accountability

The Performance and Accountability Framework 2017 sets out the means by which the HSE and in particular the Primary Care Eligibility & Reimbursement Service (PCERS) and individual managers are held to account for their performance. Performance in this context relates to the four domains of performance, that is **Access** to services, the **Quality and Safety** of those services, doing this within the **Financial resources** available and by effectively harnessing the efforts of the **Workforce**.

While living within their financial allocation must be a fundamental priority for managers in the PCERS, the Performance and Accountability Framework is explicit in its intent that performance be managed across the four domains set out above. The emphasis in the Performance and Accountability Framework is on recognising good performance and on improving performance at all levels of the health service.

The PCERS must deliver a quality, value-for-money service offering that is supported with continuous enhancement of our business activities, ensuring best use of resources and ultimately improving health outcomes. This will be achieved through the following activities:

- ▶ Enhance the Value Improvement Programme for all units within PCERS
- ▶ Integrate the PCERS Financial systems with the HSE Integrated Financial Management System (IFMS)
- ▶ Develop an automated budgeting and forecasting reporting function
- ▶ Ensure consistent and transparent production and capture of data in a timely and accurate manner, it's conversion into information, the conversion of that information into insight and the use of that insight to inform decisions leading to necessary actions
- ▶ Continually refine internal systems and practices to ensure the customers/patients have ready access to our systems.

Workforce

As with many other areas of the HSE, difficulties attracting and retaining staff continue to impact on how the PCERS deliver our services. The PCERS leadership recognises that our workforce is our most valuable asset and is vital to the delivery of the highest quality service to our customers and stakeholders.

We are conscious of the need to value our staff and ensure they champion our core values and support the successful implementation of our strategic goals.

The PCERS recognise the need to support our people through the implementation of the following activities:

- ▶ Improve our ability to plan for the future through the attraction and retention of a skilled workforce with a focus on roles that are critical to delivering our service to our customers;
- ▶ Identify and work proactively to respond to the training and educational needs of our workforce
- ▶ Invest, innovate and plan for the future by providing development opportunities for employees through all stages of their work cycle to meet identified gaps between demand and supply for staff numbers, job roles and skills
- ▶ Identify and retain key skills for the future ensuring a sustainable, flexible and diverse workforce to deliver a customer-centric service
- ▶ Develop a robust workforce plan to support delivery of the PCERS Strategic plan

Information Communications Technology (ICT)

In line with its business activities, the PCERS maintain a vast repository of personal data and has identified and prioritised the need to optimise data governance. Critical data management provides for improved understanding and learning, which in turn will enrich our service offering and ultimately improve health outcomes.

The PCERS will support the development of information and communication technology systems to enhance the efficient delivery of high quality service through the following:

- ▶ Constructive data sharing, through establishing an integrated and cohesive approach to two-way information flows leading to enhanced Inter-agency collaboration; (Department of Health, Revenue Commissioners, Department of Employment Affairs and Social Protection, etc.)
- ▶ Promote the use of common identifiers for our customers across all primary care schemes
- ▶ Further develop business analytics and full automation capability leading to enhanced information and understanding, thereby ultimately transforming the customer and stakeholder experience
- ▶ Expand the range of reports available to our customers and stakeholders through the PCERS Reporting and Open Data web portal – <https://www.hse.ie/eng/staff/pcrs/pcrs-publications/>
- ▶ Continuously review and modify, as required, the controls and arrangements to ensure security of our ICT infrastructure and rigorous information governance

Analysis and Reporting (A&R)

The PCERS maintains a vast quantity of high-quality data (including financial data and special category personal data) in relation to eligibility and reimbursement of public health services. The Analysis and Reporting capability that enables the building of the: Data; Information; Knowledge; Wisdom pyramid is a means to provide assurance that the current business processes are effective, which in turn instils confidence in all those who interact and indeed depend on us, as a health service provider of scale. Thus, the need to continuously review and expand the range of performance metrics (KPIs), focused on service outcomes for customers and stakeholders alike is recognised as a priority matters.

Customer Relations Management (CRM)

The aim of the PCERS Customer Relations Management unit is to provide an excellent customer experience, while reducing the cost of servicing our customers' needs and at the same time ensuring proactive and purposeful compliance with customer privacy obligations.

This will be achieved through the following activities:

- ▶ Encourage, support and participate in projects which improve and promote best practice interaction with customers and stakeholders
- ▶ Continued development of the PCERS microsites – www.medicalcard.ie, www.pcrs.ie, www.mymedicalcard.ie, www.ehic.ie – so that people can seamlessly locate and access the services they require
- ▶ Identify training opportunities to provide enhance service offerings, informed by the resolution of formal complaints and routine queries
- ▶ On-going briefing session with Public Representatives and stakeholders within the HSE

Probity and Investigation

A central tenet in the PCERS management philosophy is to ensure financial control and accountability for the proportion of the national health budget vested to the PCERS.

A priority for PCERS is to build on the strength of the Probity Unit by enhancing the capabilities to deter, detect and investigate inappropriate reimbursement claims and provide assurance that disbursements made by the PCERS ultimately serves and protects the Exchequer to the greatest extent possible.

The PCERS Probity Unit supports the overall objectives of PCERS in ensuring the accuracy of contractors' claims through data analytics, claim audits, patient verifications, inspections, investigations and, where appropriate, recommends enhanced validations. Investigation reports from the Probity Team are reviewed by the HSE's Probity Governance Group and this committee may refer a case to:

- ▶ An Garda Síochána
- ▶ Relevant Regulatory Body
- ▶ Contractor's Disciplinary Process
- ▶ The Probity Team for finalisation with the Contractor
- ▶ HSE solicitors for recovery of funds invalidly claimed

Dental inspectorate

The functions and duties of the Dental Inspectorate include, inter alia, responsibility for clinical assurance, quality and probity for all HSE funded dental services. The Inspectorate's work encompasses clinical and professional support; education, training and development, clinical risk, health and safety oversight.

The Inspectorate also works to strengthen probity within the dental services. This is to ensure the publicly funded dental services (encompassing publicly provided and contracted services) provides value for money and positive patient outcomes.

Medical advice and support

Registered Medical Practitioners support the assessment of eligibility across the range of community health schemes under the remit of PCERS, in circumstances where medical reports are submitted in support of an application.

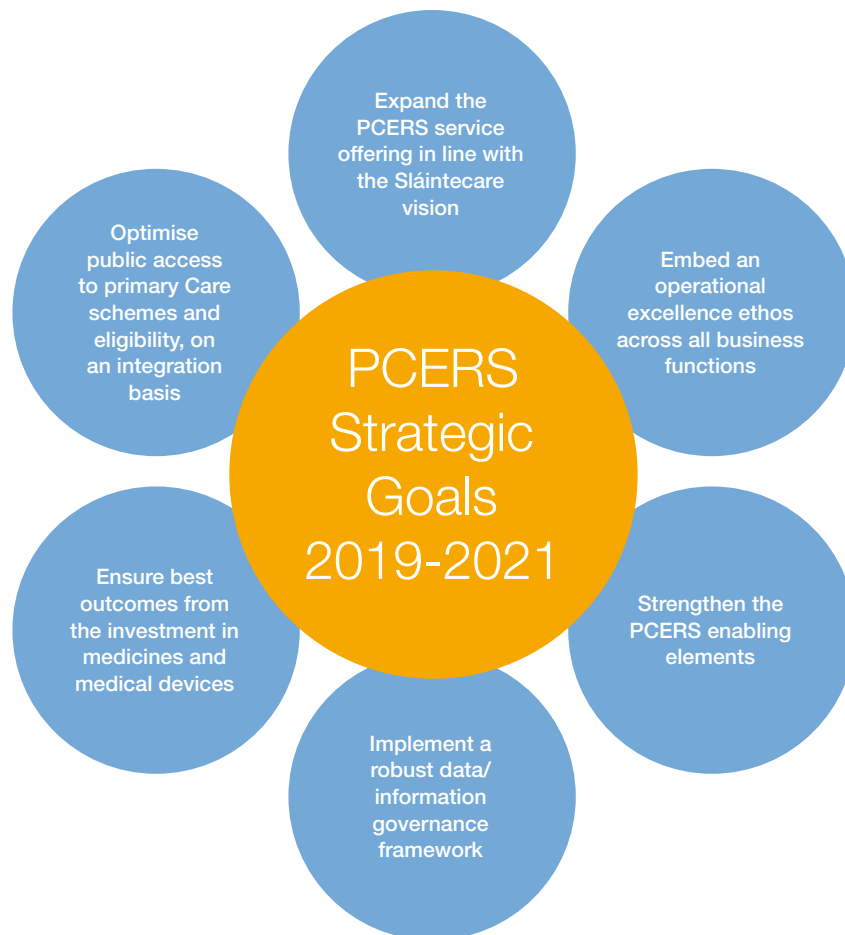
Doctors also support the reimbursement and probity functions of the PCERS through the provision of clinical expertise that informs the review and processing of claims submitted by healthcare professionals.

Our Six Strategic Goals

A significant consultative process has identified six (6) strategic goals that the PCERS commits to achieve over the 3 year period of this plan. Twenty six High Level Strategic Actions will be the subject of focussed implementation and monitoring during the period 2019-2021.

The PCERS seeks to ensure that our Strategic Goals are how we bring our Vision and Mission to life in the complex environment in which we operate. By making progress in these areas and being faithful to our Values we will continue to serve everyone who interacts with the PCERS in the best way possible.

Continuing to build our capacity and capabilities to provide an excellent service offering will enable us to establish a deeper relationship with our customers and our stakeholders and in turn we will earn their trust and strengthen our brand reputation through each and every interaction.



Summary of High Level Strategic Actions 2019-2021

Ref No.	High Level Strategic Actions (Not in Order of Importance)	Lead
1	Implement policy changes arising from the Sláintecare Action Plans for service provision that directly comes within the remit of the PCERS	All
2	Optimise, public access to primary care schemes and eligibility, on an integration basis. Streamline eligibility assessment/registration in respect of the following community health schemes: Long-Term Illness (LTI) scheme; Drugs Payment scheme (DPS)	NMCU
3	Streamline access to schemes with other public sector agencies (e.g. DEASP; Revenue Commissioners) to ensure an integrated and cohesive approach in terms of information flows between agencies, while ensuring best practice in regard to privacy, security and data protection	NMCU/Operations
4	Promote the use of common identifiers for our customers across all primary care schemes, working with other Government Departments and public bodies	ICT Unit
5	Support the implementation of a HSE policy on the use of Biosimilar medicine	Operations/ Pharmacy Unit/CPU
6	Implement best practice stock management controls to minimise high value High-Tech medicines holdings in community pharmacies for supply to approved patients	Operations/Pharmacy Unit
7	Enhance the processes for individual patient assessment and approval for drugs, medicines or medical or surgical consumable appliances that are not detailed in the Reimbursement List	Pharmacy Unit
8	Expand the range of medicines administered through the High-Tech Ordering and Monitoring Hub to encompass, on a phased basis, all therapeutic areas.	Operations/Pharmacy Unit
9	Expand the range of reimbursement opportunities in collaboration with other HSE divisional projects and programme initiatives	Operations/Pharmacy Unit
10	Streamline client registration and reimbursement in respect of the Maternity & Infant (M&I) Scheme. Provide reimbursement in respect of the Primary Childhood Immunisation (PCI) and community funded Total Parenteral Nutrition (TPN), Immunoglobulin	Operations
11	Streamline the assessment and, where appropriate, the pre-approval of service provision under the Community Ophthalmic Scheme	Operations
12	Update the PCERS designation and brand identity to more accurately reflect the expanded and evolving sphere of activities undertaken by the PCERS	CRM Unit

Ref No.	High Level Strategic Actions (Not in Order of Importance)	Lead
13	Continue to develop the PCERS relationship management ethos, working collaboratively with customers (external & internal) and with stakeholders more generally	CRM Unit/Operations
14	Align the PCERS claims and reimbursement systems (and other PCERS financial structures) with the HSE Integrated Financial Management System (IFMS)	Finance Unit
15	Implement next generation technology to enhance interaction with the community pharmacy network and with other primary care contractors	ICT Unit
16	Continuously review and modify, as required, the controls and arrangements to ensure security of our ICT infrastructure and data/information governance	ICT Unit
17	Assist in ICT support of the HSE's roll-out of the 'Individual Health Identifier (IHI) project' with infrastructure administration services, additional performance and resilience upgrades ensuring the IHI project is enabled to positively impact on health services provision nationally.	ICT Unit
18	Attain the National Standard Authority of Ireland (NSAI) 'Excellence Through People' accreditation	HR Unit
19	Continuous development a robust workforce plan to support the delivery of the PCERS Strategic Goals Implement a HR business partner (HRBP) model to align business objectives with employees and management in designated business units.	HR Unit
20	Continue to refine and develop probity protocols, to provide assurance that disbursements made by the PCERS ultimately serves and protects the Exchequer	Probity Unit
21	In collaboration with each business function, review the range of performance metrics (KPIs), focused on service outcomes for customers and stakeholders and provide an expanded range of data/information on business processes, through online 'OPEN DATA' portals	Business Analysis & Reporting Unit
22	Develop and publish a data/information management strategy within the timeframe of this Plan	Business Analysis & Reporting Unit
23	Implement improvements in the efficiency, accuracy and reliability of data exchanged in relation to healthcare entitlement provided under EU regulations, together with the reimbursement of relevant costs between Ireland and EU/EEA member states + Switzerland	EU Regulations Unit
24	Ensure the governance structure of the National Pharmaceutical Unit* (*designation to be confirmed) is fit-for-purpose to meaningfully enhance the fulfillment of the PCERS strategic agenda	AND/CPU
25	Attain the relevant ISO Certification across all functions in the PCERS	All
26	Continuously improve controls in all business units in compliance with governing statutes and relevant public sector regulatory standards.	All

PCERS Stakeholder List

Acute Hospitals	Irish Dental Association
An Garda Síochána	Irish Medical Organisation
An Comisinéir Teanga	Irish Pharmaceutical Healthcare Association
Association of Optometrists Ireland	Irish Pharmacy Union
Broadcast and Print Media	Irish Prison Service
Central Statistics Office	Joint Oireachtas Committee on Health
Certification Europe	Language Commissioner
Citizens Information Board – Citizen Information Centres	Media Representatives
Comptroller & Auditor General	Medical Council
Data Protection Commission	Medicines for Ireland
Dentists	Medicines Management Programme
Department of Employment Affairs and Social Protection	National Adult Literacy Agency
Department of Health	National Cancer Registry of Ireland
Department of Justice	National Centre for Pharmacoeconomics
Department of Public Expenditure and Reform	National Dental Council
Dublin City University	National University of Ireland – Constituent Universities
Economic and Social Research Institute (ESRI)	Ombudsman and Information Commissioner
European Commission	Optometrists/Ophthalmologists
European Member States	Pharmaceutical manufacturers
Fórsa	Pharmaceutical national partners
General Practitioners	Pharmaceutical Society of Ireland
Government of Ireland	Pharmaceutical wholesalers
Health Information and Quality Authority	Pharmacists
Health Products Regulatory Authority	Public Accounts Committee
Health Research Board	Revenue – Irish Tax and Customs
Health Service Executive – Interdepartmental functions	Royal College of Surgeons of Ireland
Houses of the Oireachtas	Services, Industrial, Professional and Technical Union (SIPTU)
HSE Audit Committee	Tusla – Child and Family Agency
International Organization for Standardization	University of Dublin (Trinity College Dublin)
Irish College of General Practitioners	University of Limerick
	Voluntary Organisations



Feidhmeannacht na Seirbhíse Sláinte

**Seirbhís um Cháilitheachta &
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