

# AGREEMENT ON OUTSTANDING IMO ISSUES

**Title: Agreement on Outstanding IMO Issues**

**Date: 08 April 2002**

**Document Type: Letter**

**From: T Mooney, Deputy Secretary**

**To: Mr John Magner,  
Acting Chief Executive Officer  
South Eastern Health Board  
Lacken  
Dublin Road  
Kilkenny**

**Re: Agreement on outstanding IMO issues**

Dear Mr Magner

I refer to recent negotiations with the Irish Medical Organisation in relation to the implementation of agreements with the IMO and to confirm the following arrangements.

## **Discretionary Medical Cards**

All monies for 2001 and 2002 in respect of discretionary medical cards will be paid across all doctors in proportion to panel size, based on an estimate of 75,000 cards, until such time as the actual numbers covered is known and the necessary ICT systems are in place to allow discretionary cards to be associated with individual doctors. Health Boards should take necessary steps to ensure that it is possible in future to associate discretionary medical cards with individual doctors for payment purposes. In this regard discretionary medical cards are understood to refer to those given to persons who, although significantly above the income guidelines for medical card eligibility, would by virtue of a condition or illness necessitate a GP visitation rate significantly above the norm, thereby incurring increased costs.

Adjustments will be made to aggregate total amounts payable when the actual numbers covered by discretionary medical cards is known pending the outcome of examination to determine the nature and extent of discretionary medical cards in the GMS scheme.

## **Non EU residents**

A one off amount of €127 is to be paid to doctors in respect of all non EU nationals on their GMS scheme panels at 1 April 2001. Similar payment will be made to doctors in respect of non-EU nationals registered for the first time with a contracted doctor under the GMS scheme subsequent to that date. The amount payable is effective from 1 April 2001 and attracts national pay rounds thereafter. The provisions in the 31 July 2001 circular pertaining to non or part payment in any case where special arrangements are in place will apply. Health Boards are requested to implement arrangements to identify this category for payment purposes.

Arrangements should immediately be put in place (in conjunction with the GMS (Payments) Board) to facilitate payments as quickly as possible on the basis of claims from individual

doctors. In the event of double/fraudulent claims being discovered at a later date the Department/Payments Boards will recoup such monies from other payment due to the doctor involved.

A workload review of this category of patient is to be progressed separately to examine ongoing case requirements as part of the wider examination of the health needs of asylum seekers.

### **Practice Nurse and Secretaries Allowance (Part-time)**

A further clarification of this clause of the agreement will issue as follows :- Where nurses and secretaries are employed for less than 39 hours per week, doctors will be entitled to (full) reimbursement in respect of all such staff subject only to the limits imposed by the doctors list size (revised to include Over 70's weighting), for e.g. a doctor with a list size (weighted) of 600 patients will be entitled to a maximum allowance of 600/1200 (50%) of the relevant nursing or secretarial allowance for 19.5 hours per week, provided such nurse or secretary (whether employed on a whole time or part-time basis) works a minimum of 19.5 hours per week. Heretofore, for e.g. a nurse or secretary employed on a 19.5 hour basis would have received just 25% of the allowance in such circumstances.

The clarification to be given shall not at any time be the basis for a claim for increased payments to any doctor (e.g. a doctor with 600 patients (adjusted as per over 70's agreement) will be entitled to a maximum of 50% of the maximum nurses or secretary's allowance even where such nurse or secretary is employed on a whole time basis).

### **Practice Managers' Project**

This project will proceed on the basis that it is to be a one year contract. Following its completion, the project will be evaluated and a decision made at that time as to whether it will continue. Funding for the project is to be capped at €317,500 with no commitment to further funding.

A further communication will issue in relation to this project.

### **Terminal Care Payment**

This €127 payment, which has not attracted national pay increases since its inception, will now do so both retrospectively and prospectively. Health Boards should make necessary arrangements to pay necessary arrears as quickly as possible.

### **Backdating of Over 70's Agreement**

The terms of the circular on extension of medical cards for the over 70's pertaining to backdating to July 1 (or 70th birthday if applicable) shall be applied in the case of all newly eligible over 70's applying for their medical cards before 31 December 2001.

As an exceptional measure the backdating shall also apply in cases of doctors who applied to their health board before 31 December 2001 for a limited entry to the GMS Scheme and whose entry was subsequently delayed due to waiting for a decision from the Medical Council regarding certification under the EU Directive on specific training/acquired rights in general medical practice (UE Director 93/16/EEC).

**Rota participation allowance (a.k.a. Supplementary Out of Hours Payment) as part of Capitation**

This amount of €2.80 to be added to capitation for new over 70s wef 1 July 2001.

**Practice Support Grants**

An amount of €634,870 to be added to Practice Support Grant for 2001 and 2002 and subsequent years and paid across all doctors in respect of increased PRSI commitment following the increase in grants for practice nurses and secretaries. This payment to be adjusted in the normal way by national pay agreements.

**Primary Childhood Immunisation Programme – Bonus Payments**

GPs and health boards should take all necessary steps to achieve the target uptake rate of 95%. However, as an interim measure, due to the difficulties being experienced by health boards in validating records and in calculating bonus payments, the Department has agreed that bonus payments should be made to GPs who achieved the average uptake level in their health board region in respect of children who reached their second birthday in each of the years 1999, 2000 and 2001 (i.e. in respect of children born from 1997 to 1999 inclusive) should be made on this basis.

You should ensure that bonus payments and any other outstanding payments due to general practitioners under the Primary Childhood Immunisation Programme are paid as a matter of urgency. The unsatisfactory delays in payments to date have given rise to IR difficulties and have seriously undermined the operation of the scheme. Your board is now urged to ensure that henceforth all payments under this scheme are made in strict accordance with the terms of the contracts in place.

Yours sincerely,

T Mooney  
Deputy Secretary

8 April 2002