

# Letter: Arrangements for the Provision of services under Section 58 of the Health Act 1970

**Title: Arrangements for the Provision of services under Section 58 of the Health Act 1970**

**Keywords:** indicative drug targets, GP Units

**Date:** 18 January, 1993

**Document Type:** Letter

**Link:** Circular 1/93

**From:** Department of Health, Ireland

**To:** Each Health Board Chief Executive Officer

**Re:** Arrangements for the Provision of services under Section 58 of the Health Act 1970

Dear CEO,

I am directed by the Minister for Health to refer to this Department's Circular letter 1/93 dated 6th January 1993 and to my letter of 7th January regarding the above and to state that at a meeting on the 12th January between the Department, the nominated representatives of the Chief Executive Officers and the Programme Managers (Community Care) agreement was reached

(i) on the methodology to be used in the determination of indicative drug targets for individual doctors in the GMS and for overall GMS drug targets for each health board

(ii) on the text of a letter which would be issued by the health boards to all GMS doctors in their region

(iii) that each health board would submit proposals to the Department by the 20th January regarding the establishment of General Practice Units and that these proposals would be discussed with the nominated representatives of the CEO's before a letter of approval would issue.

The Minister has now approved the issuing of drug targets to each doctor and accordingly I am to request that you would issue a letter along the lines of the draft at Appendix 2 to doctors in your region. Unsigned letters for each doctor will be sent to you to-day by the GMS (Payments) Board in addition to details of the type of information which will be supplied on a monthly basis in regard to each doctor prescribing.

Based on the methodology set out in Appendix 1 the overall indicative drug target for your Board for 1993 is £ . This figure is equivalent to the total of the indicative drug targets for doctors in your region plus a special provision of £ to be allocated by you for special cases as necessary.

I would stress that the overall drug target for each health board is not regarded as part of the normal section 31 allocation. The agreement does however propose that 50% of any saving on individual targets would be given to the doctor concerned for specific service development and the remaining 50% going to the health board for overall development of general practice. This element of the agreement will be kept under on going review and may be changed if it becomes obvious at any stage that the overall target is not being met.

A further letter will be issued in the near future regarding the establishment of the General Practice Units. In the meantime I would be obliged if you would ensure that the proposals outlined at (iii) above were submitted by the 20th January to enable the necessary monitoring and liaison functions to be put in place.

Yours sincerely,

GO McCartney, Assistant Secretary