

INDICATIVE DRUG TARGETS 1997

Title: Indicative Drug Targets 1997

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From: Department of Health, Ireland

To: Each Health Board Chief Executive Officer

Re: Indicative Drug Targets 1997

(a) Incentive to Category A1 doctors making efforts

(b) Assistance for doctors with new high cost patients

Dear CEO

Incentive to Category A1 doctors

During discussions with the Irish Medical Organisation on the methodology for the 1997 Indicative Drug Target Scheme, it was accepted that Category A1 doctors were a major contributory factor to the excesses in the overall drug targets. Accordingly it was agreed that there was a need to incentivise category A1 doctors who made efforts to reduce prescribing costs through:-

- a reduction in volume and frequency of prescribing,
- a switch to less expensive medicines including generics,
- compliance with recognised therapeutic protocols,
- participation in IDT meeting in group or on an individual basis and
- co-operation with GP Unit doctors.

A fund of £2m has been established for this purpose. In order to qualify for assistance under this fund, a doctor must achieve a minimum of 5% saving on his/her 1996 outturn or £8,000, whichever is the lesser. Doctors may of course make savings in excess of this minimum amount. Doctors will qualify for 50% of savings made for investment in practice development, the remaining 50% will be available to the health board for investment in general practice. A list of Category A1 doctors in your Board's area detailing the minimum qualifying criteria for this fund is attached.

GP Units are requested to contact Category A1 doctors outlining and promoting the incentives now being offered. It is understood that the IMO will also be holding a series of information meetings for Category A1 doctors and the Units are requested to co-operate fully with these meetings. As part of the Indicative Drug Target Scheme the prescribing costs of all doctors are monitored and notified to the Units by the General Medical Services (Payments) Board and GP Units are asked to pay particular attention to prescribing by Category A1 doctors and to promote on an ongoing basis the benefits of this initiative to these doctors. In this regard it will be noted that 50% of the savings will be available to health boards for investment in general practice.

Assistance for doctors with new high cost patients

A fund has been established to assist doctors in the scheme who may be experiencing difficulties in meeting their targets because of factors such as a high proportion of new high cost patients, e.g. certain drugs for the treatment of a number of psychiatric conditions and palliative care. The doctors to be assisted under this fund will be a matter for determination by the Units on a case by case basis. It would be expected that doctors would contact the Unit outlining the difficulties being experienced and following an examination of the matter, the Unit would decide whether an increase in an individual doctor's target is justified. Assistance should only be considered as an exceptional measure where prima facie evidence exists that the increased drug costs account for

a significant percentage increase in a doctor's budget. In considering the matter, health boards are reminded that -

(i) adjustments to budgets are made each month by the General Medical Services (Payments) Board to reflect movements in patient numbers, i.e. debits and credits;

(ii) high cost patients transferring to a panel are additional costs in the year of transfer only; thereafter full costs for such patients will be included in the IDT; accordingly, the compensation measures will only apply in the year in which an existing patient in a practice becomes 'high cost' or when an established 'high cost' patient transfers in;

(iii) a 'high cost' patient transferring from another panel represents a saving on that panel. If, therefore, a deduction is not made from the panel from which the patient transferred, then two practices will be compensated for one patient;

Adjustments which are to be made to targets in accordance with this provision should be notified to the General Medical Services (Payments) Board.

Any queries in relation to the terms of this circular should be addressed to myself or to the General Medical Services (Payments) Board. It is the intention to convene a meeting of GP Unit Administrators shortly at which this and other matters can be discussed. The Department will be in touch with you in the near future about arrangements for this meeting.

Yours sincerely

Brian Mullen
GMS Division
20 May, 1997