

Special Items of Service

Title: Special Items of Service

Date: 21 January 1992

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From: Department of Health, Ireland

To: Each Health Board Chief Executive Officer

Re: Special Items of Service

Dear Chief Executive Officer,

I am directed by the Minister for Health to refer to recent discussions of the Group on Special Item of Service in the GMS under the chairmanship of Professor Jerry Sexton (ESRI), concerning the interpretation of a number of items on the list of Special Items of Service.

Following meetings which were held last October, the Group recommended a number of amendments and additions to its Interim Report of May 1989. I am to say that the Minister has accepted the recommendations of the Group and this Circular formally conveys approval for the following amendments and additions to Section 7 of the Interim Report of May 1989:

(1) With regard to ECGs, the special fees are intended to cover only cases of individual patient care and cannot be claimed in respect of general screening and/or routine screening of individuals.

(2) Excisions, Cryotherapy, Diathermy etc. Where multiple applications of the same procedure are required on the same patient, separate fees cannot be claimed for each such application. However, if these extend over more than one day, a separate fee may be claimed for the treatment applied on each day. The Group wish to state that more efficient processing and payment arrangements would be facilitated if the descriptions of the treatments supplied under this heading were more precise and specific.

(3) Payments for Nebuliser treatment will be made only in the case of acute episodic Asthmatic attack. The Group noted with concern, instances where this treatment has been claimed for at frequent intervals according to a regular time pattern.

(4) With regard to suturing cuts and lacerations, while adhering to the general principle that one fee applies to an entire treatment (which would continue to cover both insertion and removal in this instance), the Group recommends that that fee be paid in respect of patients who present for the removal of sutures in cases where they have been inserted outside the practice (e.g. in a hospital).

The terms of this Circular are to be implemented with immediate effect. Arrangements are being put in place to have a copy of the text of these amendments circulated to each Doctor in the scheme who holds a contract under the Capitation method of payment.

Yours sincerely

Alan Aylward

GMS Division, 21 January 1992