## Primary Care Reimbursement Service Strategic Plan 2019-2021 *Submission by the Citizens Information Board*

Introduction  
The Citizens Information Board (CIB) welcomes the invitation to make a submission to the Primary Care Reimbursement Service (PCRS) on its Draft Strategic Plan 2019-2021. Given the very significant scale and reach of the services managed by the PCRS, the PCRS Strategy is obviously very significant in terms of access to health services.

### The Submission draws on the experiences of the countrywide network of Citizens Information Services (CISs) and the national Citizens Information Phone Service (CIPS) in dealing with queries from the public [[1]](#footnote-1)relating to matters which come under the remit of the PCRS. Such queries primarily concern eligibility matters relating to Medical Cards[[2]](#footnote-2) and GP Visit Cards but some also refer to the Drugs Repayment Scheme, some to the Long Term Illness Scheme (LTI). A small number of queries refer to difficulties in finding a GP under the General Medical Services (GMS) Scheme. Health service entitlement for EU citizens and EEA nationals are also the subject of some queries. Queries relating to the retention of a Medical Card by people taking up work, and more recently retention for people with disabilities as a result of the Make Work Pay recommendations, feature strongly. Making health care related complaints and identifying appropriate redress channels also feature regularly in queries. The latter is likely to become a more central feature in CIB service delivery in the coming years as the National Advocacy Service (NAS) for people with disabilities, which comes under the remit of the CIB, has been tasked by the Department of Health with establishing and running the Patient Safety Advocacy Service.

The primary area of engagement by the CIB with the PCRS is through its National Medical Card Unit and CIB has highlighted various issues identified by services and clients in submissions over the years and in meetings with the NMCU (the most recent meeting in November 2018). CIB values the links with the NMCU as an important and necessary vehicle for escalating issues relating to policy clarification and administrative difficulties encountered by people engaging with the Unit.

There is clearly common ground between the PCRS and CIB services in that people who seek to obtain or retain eligibility under the GMS interact directly with the PCRS and also interact with our services in seeking information, advice and assistance with exploring/clarifying entitlement and eligibility right across the range of public service provision. This often relates to eligibility for means related statutory schemes, including, in particular, those under the remit of the PCRS.  
  
The fact that NMCU staff can now link in directly with the DEASP payments and contributions system when processing an application is an important development in that it makes a full financial assessment easier and avoids unnecessary and time-consuming duplication. This should result in a more citizen-centred application system.

#### Focus of PCRS Strategy

CIB broadly agrees with the PCRS Strategic Goals 2019-2021 as outlined:

1. Expanding the PCRS service offering in line with the Slaintecare vision
2. Embedding an operational excellence ethos across all business functions
3. Strengthening the PCRS enabling elements
4. Implementing a robust data/information governance framework
5. Ensuring best outcomes from investment in medicines and medical devices
6. Optimising public access to primary care and eligibility

The principles and priorities that underpin the PCRS Strategic Plan 2019-2021 – ease of access to services; customer care; openness and transparent; and quality information management – resonate strongly with the CIB approach to service delivery. However, obviously, these principles will only become fully meaningful when a number of additional measures are put in place, in particular the introduction (as flagged for some time) of a single, integrated process for people to apply for a Medical Card, a GP Visit Card, the Long-Term Illness Scheme, and the Drugs Payment Scheme.

The Strategy places much emphasis on the online aspects of its service, especially in relation to the implementation of Slaintecare. While welcoming the benefits of online systems, CIB is of the view that there is a significant need for assisted digital channels and supports for people who do not easily have online access because of affordability issues, poor Internet or underdeveloped digital competencies.

The need to take full cognisance of the ‘complex stakeholder environment’ is highlighted in the Draft strategy which sets out the range of factors which impact on the functioning of the PCRS and the importance of relationship building. There are additional social and contextual factors (over and above those listed) that will present new challenges and which need to be taken into account:

* The health requirements of an ageing population[[3]](#footnote-3)
* The Government’s intention to roll out the Free GP service to children up to 12 years of age on a phased basis
* The impact of Brexit (which will almost certainly lead to new administrative requirements relating to clarification of health care entitlements particularly in relation to EHIC entitlement for UK citizens resident in Ireland)[[4]](#footnote-4)
* The eligibility policy implications arising from Make Work Pay Strategy and the related recent significant increase in the income disregards for Medical Card assessment.

Individual Health Identifier   
The Strategy includes provision for the implementation of the Individual Health Identifier (IHI) system and commits to promoting the use of common identifiers across all primary care schemes, working with other Government Departments and public bodies. In a 2016 Submission to the HSE, CIB highlighted the need for clarity about if and how the IHI system would impact on people with reduced decision-making capacity. This will become a much more central matter when the Assisted Decision-making (Capacity) Act 2015 is fully implemented. Crucial in this regard will be how to ensure that people’s will and preferences are fully respected in the way healthcare information is shared and managed. This is a significant concern for the CIB given our role in supporting the National Advocacy Service (NAS).

#### Implementing the Sláintecare Programme

One of the PCRS strategic goals is to expand the PCRS service offering in line with the Slaintecare vision. A number of Sláintecare implementation actions for 2019 have been identified by the Department of Health[[5]](#footnote-5) which include the prototyping of a Citizen Health Portal, continued rolling out of the electronic health record (HER) and the scaling-up of telehealth solutions. This will almost certainly require a relatively high level of resource input by the PCRS.

Optimising public access to primary care   
The commitment by the PCRS to the continued development of the PCRS microsites - [www.medicalcard.ie](http://www.medicalcard.ie); [www.pcrs.ie](http://www.pcrs.ie/); and www.mymedicalcard.ie; www.ehic.ie is crucially important in enabling people to locate and access the services they require. However, as previously stated, CIB is of the view that there is a significant and ongoing need for assisted digital channels for people who do not have online access. A significant number of callers to Citizens information Services have issues with securing online access to public services.

CIB notes that reference was made in 2014 to the possibility of developing local contact points to assist applicants who, for whatever reason, are not comfortable with online application systems and call centres.[[6]](#footnote-6) The establishment of such access points in health offices across the country has also been previously suggested by CIB.

#### Data capture and analysis

The commitment by the PCRS to develop and publish a data/information management strategy within the timeframe of the Plan is very welcome. As noted in the Strategy document, the PCRS maintain a vast repository of personal data and has identified and prioritised the need to optimise data governance and data management.

Usage statistics and trend analyses are clearly an essential component of health care policy development and in helping to identify outcomes. PCRS customer data has the following in-built advantages:

1. It is real-time data which is collected directly from users;
2. It is reliable in the sense that, for example, much of the financial data relating to income/assets and expenditure is verified;
3. It is an important source of information in Ireland about many aspects of health coverage and usage.

It is noted that the PCRS is committed to constructive data sharing , through establishing an integrated and cohesive approach to two-way information flows leading to enhanced Inter-agency collaboration. While the stated intention to expand the range of reports available to customers and stakeholders through the PCRS Reporting and Open Data web portal is welcome, as in all data systems, efficient capturing, retrieval and reporting systems are an essential requirement in terms of maximising usage and impact.

#### The challenges associated with delivering eHealth

The Strategy commits to extending the use of digital technology and accelerating the roll out of eHealth systems and infrastructure on the basis that eHealth provides a mechanism to drive efficiencies and improve standards of service for customers and stakeholders. The ability to record and share key information on patients’ and service users’ interaction across organisations and care settings has clear potential benefits for both health service users and health and social care professionals.However, this will only be meaningful if [electronic health record](https://www.healthit.gov/providers-professionals/learn-ehr-basics)s (EHR) are real-time, person-centred and make information available instantly and securely only to authorised users. It is also essential to ensure that health service users are fully aware of and comfortable with such usage. As in the case of the IHI, particular attention will need to be given to people with reduced decision-making capacity in the usage of EHRs.

#### Customer consultation

The maintenance of positive and productive relationships with various customers and service providers has been identified as crucial to PCRS functioning and the existing engagement with customer groupings and representative bodies is acknowledged. This commitment to listen to the views of customers and where possible to incorporate their opinions in the PCRS service delivery model is important. Also important is the cultivation of positive relationships with citizens/end users of services. Since effective and meaningful consultation with end users is a key determinant of quality in public services delivery, more emphasis might be placed in the Strategy on customer consultation and participation. A distinction, however, needs to be made between approaches where the user remains external to the service and approaches which have user involvement in the definition of need and in the planning, management and delivery of services accordingly. While CIB services can act as an intermediary between the public and the PCRS, this is not a substitute for direct citizen participation.

Issues relating to the NMCU identified by CIB services  
The national network of locally-based Citizens Information Centres continues to provide a significant level of assistance to people as they navigate the application, review and renewal processes for the Medical Card and GP Visit Card. During 2018, for example, there were almost 65,000 queries related to medical cards made to CISs nationwide. This was the single most queried issue or benefit of the 1.017 million total queries logged by information staff in the locally based Centres and demonstrates a consistently increasing trend over previous years – 59,826 in 2017 and 54,930 queries in 2016.

The vast majority of these queries are focussed on providing clients with information, advice and assistance with the application process (both paper-based and online), the guidelines/ income limits associated with that process and the review and renewal process.[[7]](#footnote-7) There remain, however, a relatively high number of queries where policy issues and administrative blockages arise, which are brought by CIB to the attention of the NMCU. The most common concerns highlighted by services on an ongoing basis are:

* Difficulties in applying for or renewing a Medical Card online
* ‘Lost’ documentation and related repeated requests for information already submitted to the NMCU
* Delays in processing applications and appeals
* Means assessment issues , e.g., in respect of retention of Medical Card on taking up employment
* A minor change in personal/financial circumstances resulting in a person having to reapply in full for a Medical Card
* People only becoming aware that they had lost their Medical Card when they went to pharmacy to get their drugs or visited their GP
* Some GPs charging medical card holders for services including blood tests, and sick certificates[[8]](#footnote-8)

**Conclusion**

Ensuring that people who require public health service, receive it, is at the core of the PCRS strategy. In this regard, the right of people with severe medical conditions and/or disabilities to have access to all available services when needed is critically important. Capturing the experience of citizens engaging with the health care system in order to ensure that it operates optimally from the perspective of the user is clearly a vital part of PCRS strategy.

While the role and operation of the PCRS will to some extent be shaped by overall health policy – the implementation of Sláintecare, Medical Card and GP Visit Card eligibility, GMS contracts, the eHealth agenda – the PCRS as a central hub in health service delivery will continue to play a central role in providing equitable access to healthcare. This will require the PCRS to continue to build strong relationships with all stakeholders and especially the public as end users of health services. CIB looks forward to continuing a positive engagement and dialogue with the PCRs on areas of common interest.

1. [www.citizensinformation.ie](http://www.citizensinformation.ie), provided by the Citizens Information Board, also carries significant content on eligibility for health services. [↑](#footnote-ref-1)
2. Services dealt with almost 65,000 medical card queries in 2018 – up 10% on previous year. [↑](#footnote-ref-2)
3. The over70 population is expected to increase significantly in the coming years and the very old population (i.e., those aged 80 years of age and over) is set to rise dramatically, increasing from 147,800 in 2016 to some 540,000 by 2051.  [↑](#footnote-ref-3)
4. An Irish Human Rights and Equality Commission Report has noted that while the UK Government maintains that the CTA covers health rights for UK and Irish citizens, the legal source of these entitlements in both the UK and Ireland is unclear following the loss of the EU’s healthcare rules. <https://www.ihrec.ie/documents/discussion-paper-brexit/>

   . [↑](#footnote-ref-4)
5. <https://health.gov.ie/wp-content/uploads/2019/03/Sl%C3%A1intecare-Action-Plan-2019.pdf> [↑](#footnote-ref-5)
6. Joint Oireachtas Committee on Health and Children, *Quarterly Update on Health Issues, 10 July 2014* <https://data.oireachtas.ie/ie/oireachtas/debateRecord/joint_committee_on_health_and_children/2014-07-10/debate/mul@/main.pdf>*.* [↑](#footnote-ref-6)
7. The CIB-provided website [www.citizensinformation.ie](http://www.citizensinformation.ie) also serves as a key portal for citizens seeking information on their rights and entitlements and an analysis of the website traffic over the past 12 months shows that documents on the Medical Card and GP Visit Card were viewed 714,000 times, with average monthly page views at 56,600. [↑](#footnote-ref-7)
8. This is contrary to Par. 27 of the GMS Contract. [↑](#footnote-ref-8)