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General Medical Services Scheme

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Summary

- The *General Medical Services (GMS) Scheme* provides access to medical and surgical services for persons for whom acquiring such services would present undue hardship. Under the GMS scheme, persons are entitled to a Medical Card (MC) or a GP Visit Card (GPVC).

- In 2014, 43% of the population were covered under the GMS scheme; 40% medical cardholders and 3% GP visit cardholders.

- Key characteristics of Medical and GP Visit cardholders are set out in the table below.

Profile of GMS Users
Medical cardholders: ▪ ***Age*** - largest share of cards held by children and the elderly ▪ ***Gender*** - females hold 53% of cards, a greater proportion than their 51% share of population ▪ ***Marital status*** - high proportion of cardholders are widowed or divorced ▪ ***Regional location*** – cardholders are more concentrated in rural areas ▪ ***Income status*** – cardholders are more concentrated in lower income deciles ▪ ***Health status*** – cardholders report poorer health status than those without a card
GP Visit cardholders: ▪ ***Age*** – children and elderly persons hold the greatest proportion of cards ▪ ***Gender*** – similar to medical card holders, females hold a higher percentage of cards compared with female population share ▪ ***Marital status*** - high proportion of cardholders are single or married ▪ ***Regional location*** –rural areas hold the greater share of cardholders ▪ ***Income status*** –mid - income deciles have the highest concentration of cardholders, primarily the fifth income decile ▪ ***Health status*** – cardholder describe a poorer health status than those without a card

- Medical and GP visit card numbers increased sharply between 2008 and 2012 reflecting the onset of the economic downturn. Numbers reached a peak in 2013 and thereafter began to fall. This falloff in cards derived from those aged 25-34 years, students, and employed persons.

Introduction

This paper forms part of the Social Impact Assessment (SIA) Series which aims to apply an evidence based methodology to assess the impact of policy on households' financial position. The focus is primarily on the impact of the provision of public services. There are a number of challenges in undertaking such an analysis given the difficulties associated with quantifying the value of public services to an individual. The Programme for Government[1] commits to 'develop the process of budget and policy proofing as a means of advancing equality, reducing poverty and strengthening economic and social rights.' The Social Impact Assessment (SIA) Framework[2] is a first step in this process.

In order to enable the analysis of future budgetary policy decisions and answer questions regarding who may benefit or lose from these decisions, a baseline exercise is required to identify the current position with regard to expenditure and recipients of chosen policies. This analysis can then be used as a reference point in the future. In particular, this paper is a point-in-time exercise to provide a baseline distributional assessment of the impact of General Medical Services Scheme. It will identify the level of spend in this area and generate a profile of scheme beneficiaries. The profile will distinguish recipients based on a number of characteristics including age, gender, region, etc. depending on the data available at the time of the analysis.

Some studies have been carried out in the area by the Economic and Social Research Institute (ESRI). The ESRI examined how means testing for GMS can be modelled using detailed income and demographic information from the Survey on Income and Living Conditions. The approach taken applies the criteria for means-tested cards to each family in the nationally representative sample by using the information they provide on income and family composition. The findings of the income related analysis in this paper correspond with the findings in the ESRI paper. This paper supplements previous analysis by providing an examination of additional characteristics of GMS users through both objective and subjective measures.

The objectives of the paper are in line with the overall SIA framework and analysis in other policy areas:

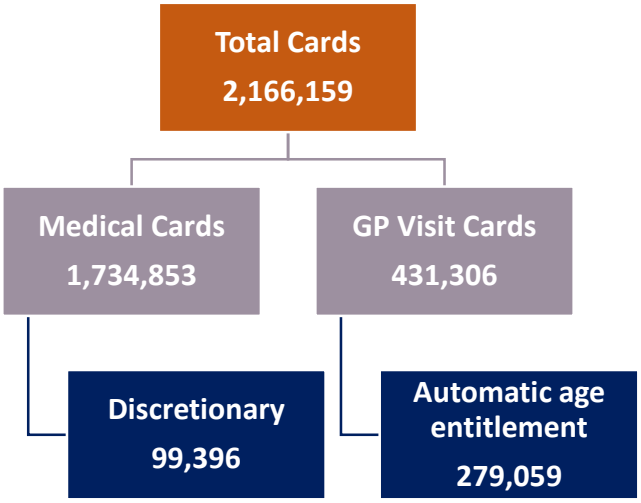
- Provide an overview of GMS in terms of eligibility criteria
- Summarise trends in card numbers and expenditure over the last number of years
- Set out the key characteristics of recipients of medical cards and GP visit cards
- Identify significant changes in characteristics since card numbers peaked in 2013

[1] Published May 2016
[2] Social Impact Assessment Framework, Lawless J. and Reilly D. 2016

Section 1 of the paper provides a brief summary of the GMS scheme in terms of eligibility and historic trends in spend and volume. **Section 2** outlines the two key data sources used in the study. **Section 3** focuses on the proportion of card holders across a number of key characteristics. The characteristics span from age, gender, economic status to reported income in order to provide a profile of card holders in 2014 essentially providing a baseline position for the GMS scheme. Lastly, medical cards reached a peak in numbers in 2013 and thereafter began to fall. **Section 4** examines key changes in characteristics from 2013 to 2014 in order to identify the cohorts that had the largest decrease in the number of medical cards. This is a prime example of analysis as part of the SIA series and will be the kind of analysis conducted going forward.

Section 1: Overview of Scheme

The GMS Scheme provides medical and GP visit cards based on a means test. Medical cardholders receive free access to GP services and pharmaceuticals while GP visit cardholders receive free access to GP services only. The scheme is administered by the Primary Care Reimbursement Service (PCRS) which is part of the HSE. There was a total of 2.2 million GMS cards in circulation at the end of 2015, 80% of which refer to medical cards (MC) and the remainder to GP visit cards (GPVC). Currently, just over 40%[3] of the population are covered by a medical or GP visit card.



The various types of card and their corresponding entitlements are set out in Appendix, ***Table A***.

Eligibility

The assessment of eligibility for medical and GP visit cards is based on the income of the applicant and their spouse or partner (if any). The latest income thresholds are set out in Appendix ***Table B***. Additional allowances may be made with respect to expenses incurred for rent or mortgage payments, childcare costs and travel to work. Certain groups are exempt from means testing to qualify for a medical card[4]. Social welfare payments, such as unemployment benefit, i.e. Jobseekers' Allowance or Jobseekers' Benefit, are assessable when means testing a person's eligibility for either card. However, applicants whose sole income derives from Social Welfare allowances/benefits are awarded a medical card even if their income is in excess of the income guidelines.

In some cases, where an individual or family exceeds the income thresholds, a medical or GP visit card may be granted if "undue hardship" is found to exist. The HSE takes various additional circumstances into account that

[3] Based on population estimate of 4,635,400 as at April 2015 (http://www.cso.ie/en/releasesandpublications/er/pme/populationandmigrationestimatesapril2015/)

[4] person with EU entitlement, person with retention entitlement under government schemes, e.g. people in receipt of social welfare payments for a specified period of time, person affected by the drug thalidomide, and person affected by symphysiotomy.

would result in a person's specific illness or conditions placing undue financial pressure on them and their family with regard to the servicing of their medical costs. Discretionary medical card comprised 6% of medical card population at the end of 2015, with 99,396 cards in circulation.

Trend in GMS Volume

Medical and GP visit card numbers increased sharply between 2008 and 2012 reflecting the onset of the economic downturn. The cyclical nature of card numbers is due to the automatic eligibility entitlement for those persons whose sole income is derived from social welfare and the reduction in incomes over the recessionary period. Over the period 2008-2015, the number of medical cards increased by over 382,000 or 28%.

Table 1: Medical and GP Visit Card Trends, 2008-2015

Metrics	2008	2009	2010	2011	2012	2013	2014	2015	Change 2008 - 2015	
Medical cards	1,352,120	1,478,560	1,615,809	1,694,063	1,853,877	1,849,380	1,768,700	1,734,853	382,733	28%
GP visit cards	85,546	98,325	117,423	125,657	131,102	125,426	159,576	431,306	345,760	404%

Source: PCRS Database

Trend in GMS Expenditure

The total cost of the GMS scheme in 2015 was €1,362m[5].

The three main categories of medical card expenditure are GP fees and allowances, pharmacy fees and the ingredient cost of drugs and medicines. Over the period 2009-2015, expenditure fell by €271m or 15%. Costs on this scheme are driven by volume of card numbers and unit costs.

Table 2: GMS Expenditure, 2008-2015

€ millions	2008	2009	2010	2011	2012	2013	2014	2015	Change 2009 - 2015	
GP Fees and Allowances	n/a	454	453	426	444	448	423	456	2	0.4%
GMS Pharmacy Fees	n/a	194	256	255	279	244	200	906	-276	-23%
GMS Pharmacy Medicines	n/a	985	949	863	950	874	771			
Total	1,598	1,633	1,658	1,544	1,673	1,566	1,394	1,362	-271	-15%

Source: HSE Data Management reports 2009-2014 (2008 data breakdown not available)

[5] This excludes cost of Hi-Tech drugs relating to medical cardholders.

Section 2: Data Sources

The analysis is primarily based on data from two sources; PCRS and the Survey on Income and Living Conditions (SILC). A brief description of both data sources is set as follows:

1. **PCRS Administrative Database**

PCRS collect administrative data on recipients of GMS. The information collected spans a variety of variables from gender, age, and regional location to number of items dispensed.

2. **Survey on Income and Living Conditions (SILC)**

The Survey on Income and Living Conditions (SILC) in Ireland is a household survey covering a broad range of issues in relation to income and living conditions. It is the official source of data on household and individual income and provides a number of key national economic and health indicators including an individual's medical card status.

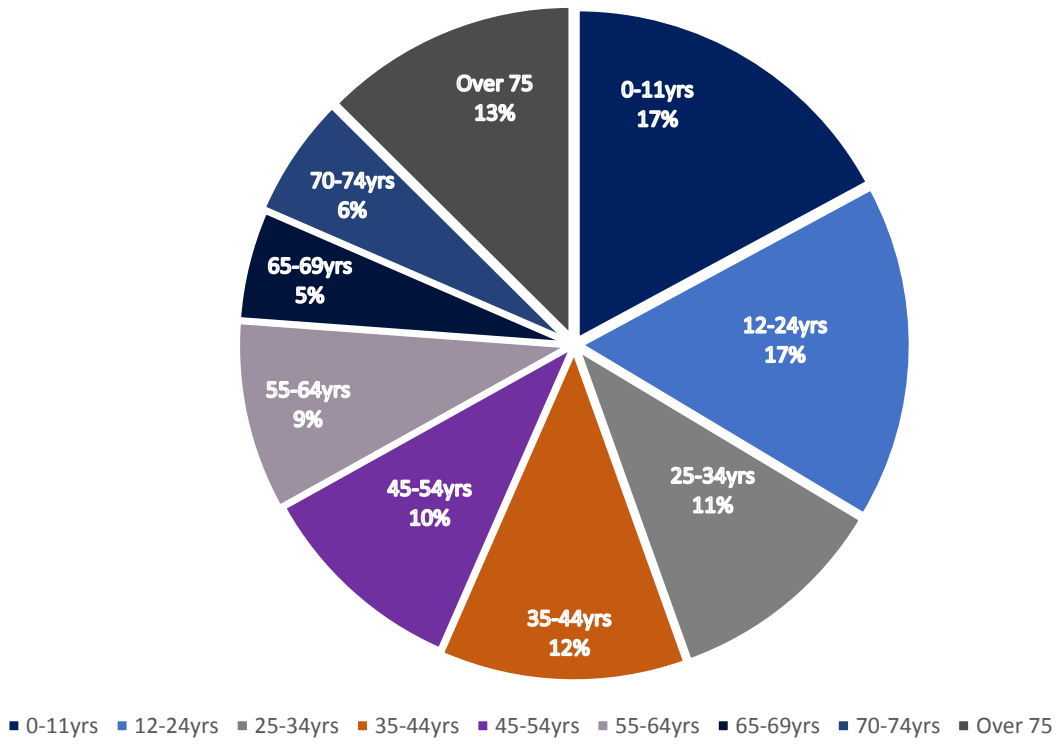
Section 3: Profile of Recipients

a. Age

Breakdown of Cardholders by Age Cohort

Figure 1 below illustrates the breakdown of medical card holders by age cohort.

Figure 1: Proportion of Total Medical Cards in each Age Cohort 2014



Source: PCRS Database 2014

Based on Figure 1, the greatest share of medical cards are held by the young, 0-24 years, and the elderly, those aged over 75 years. It is concluded that 17% of Medical Card holders are aged 0-11 years and 17% are aged 12-24 years, while 13% of holders are over 75 years of age.

Percentage of population in a given age cohort with a card

The distribution of medical cards and GP visit cards across age cohorts varies significantly. Again, children and elderly persons are found to be the cohorts with the greatest support under the GMS scheme. Elderly persons greater than 65 years hold the greatest proportion of cards with 70% having a medical card and 4% having a GP visit card.

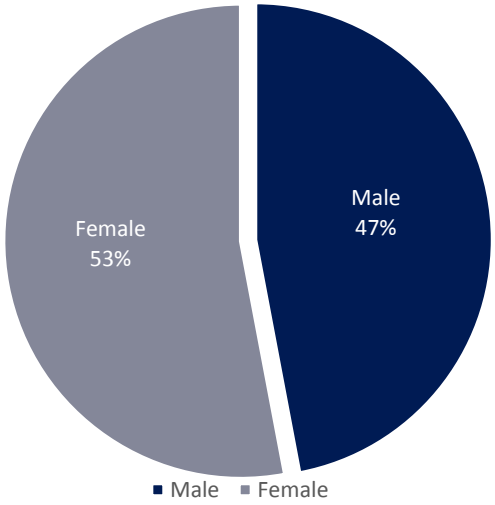
Table 3: Age Profile of Population and Proportion of each Age Cohort by Card Status 2014

	0-14 years	15-24 years	25-49 years	50-64 years	65+	Total
Population	1,016,890	626,846	1,538,235	840,379	589,998	4,612,348
Of which:						
MC Holders	41%	32%	34%	35%	70%	40%
GP Holders	4%	2%	3%	2%	4%	3%
No card	56%	53%	64%	62%	26%	55%
No Response*	0%	13%	0%	0%	0%	2%

Source: SILC, Survey on Income and Living Conditions 2014 * some individuals surveyed did not answer this question

Gender Split

Figure 2: Medical Cardholders by Gender, 2014



Source: SILC, Survey on Income and Living Conditions 2014

More females report having a medical card or GP visit card as opposed to males.

In 2014, 53% of medical card holders were female and 55% of GP visit card holders were female.

This compares with 51% of the population being female and 49% being male (CSO[6]).

[6] Central Statistics Office http://www.cso.ie/multiquicktables/quickTables.aspx?id=pea01

Marital Status

The degree of single and married people eligible for GMS is quite similar, 39% of single people and 36% of married persons have medical cards while 3% of both married and single persons have GP visit cards. The extent of those with cards across the other two groups is much greater. The proportion of widowed individuals covered under GMS is 79%, of which 78% have a medical card and 1% have a GP visit card. Of divorced or separated persons 53% state having a medical card and 1% a GP visit card.

Table 4: Marital Status of Population and their Card Status 2014

	Single	Married	Widowed	Divorced or Separated	Total
Population	2,382,544	1,880,750	183,985	165,069	4,612,348
Of which					
MC Holders	39%	36%	78%	53%	40%
GPVC Holders	3%	3%	1%	1%	3%

Source: SILC, Survey on Income and Living Conditions 2014

Regional breakdown

The analysis of the regional breakdown of GMS users is based on data collected by the HSE. The HSE dataset has greater detail on regional distributions than SILC data. ***Figure 3*** outlines the share of medical card and GP visit card holders across former health board regions in 2014.

Figure 3: Breakdown of Cards by Regional Health Office, December 2014

Source: PCRS Data

Both the greatest proportion of medical cards and GP visit cards reside in the Southern Health office with 28% of GP visit cards and 27% of medical cards. Dublin North East accounts for the lowest proportion of GMS card holders, 21% of GP visit cards and 21% of medical cards.

Table 5 below sets out the ten counties with the greatest proportion of medical cards in 2014. These ten counties make up 43% of total national medical cards.

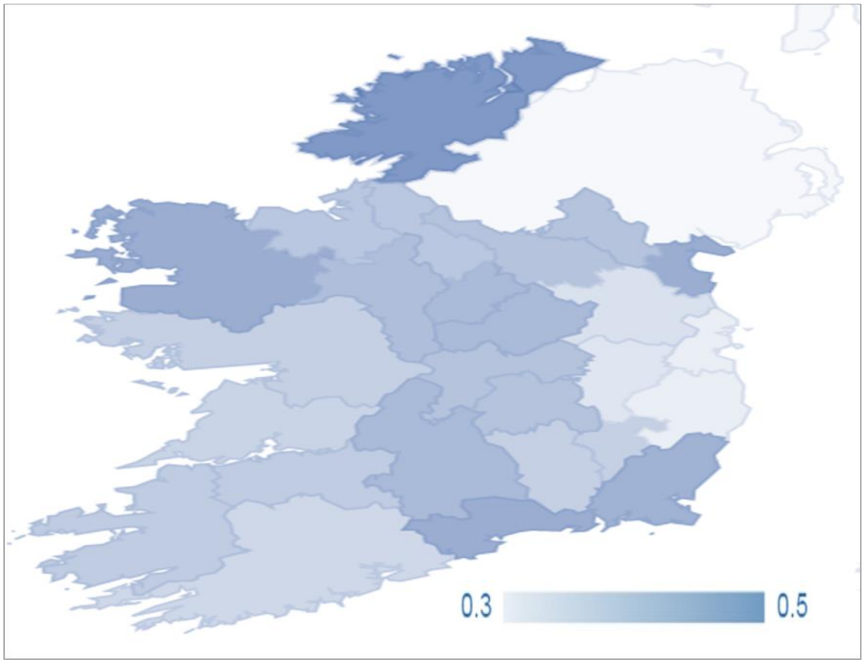
Table 5: Top 10 Regions by Proportion of Population in Receipt of a Medical Card, 2014

	County	Population	No. of MC	% of Pop. with MC
1	Donegal	161,887	80,570	50%
2	Mayo	131,246	59,222	45%
3	Waterford	114,324	51,487	45%
4	Louth	123,469	55,469	45%
5	Wexford	145,996	64,532	44%
6	Tipperary	159,493	66,387	42%
7	Longford /Westmeath*	125,746	52,325	42%
8	Roscommon	64,363	26,535	41%
9	Cavan/Monaghan*	134,288	53,271	40%
10	Laois/Offaly*	157,978	62,527	40%
	National	**4,609,600**	**1,659, 042**	**36%**
	Dublin	*1,278,992*	*377,895*	*30%*

Source: PCRS Data, December 2014. *For some counties data is amalgamated and a breakdown is not available

Nationally 36% of the population had a medical card in 2014, the coverage of cards in the top ten counties, was well above the national proportion. Predominantly the top ten counties are rural areas. Waterford is the only county of the ten which features a city. Donegal had the greatest number of medical cards per population with half the inhabitants having a card. ***Figure 4*** below is a heat map illustrating medical card coverage across Ireland ranging from lowest 0.3 to highest 0.5. Dublin and neighbouring counties, Meath, Kildare and Wicklow have the lowest medical card coverage.

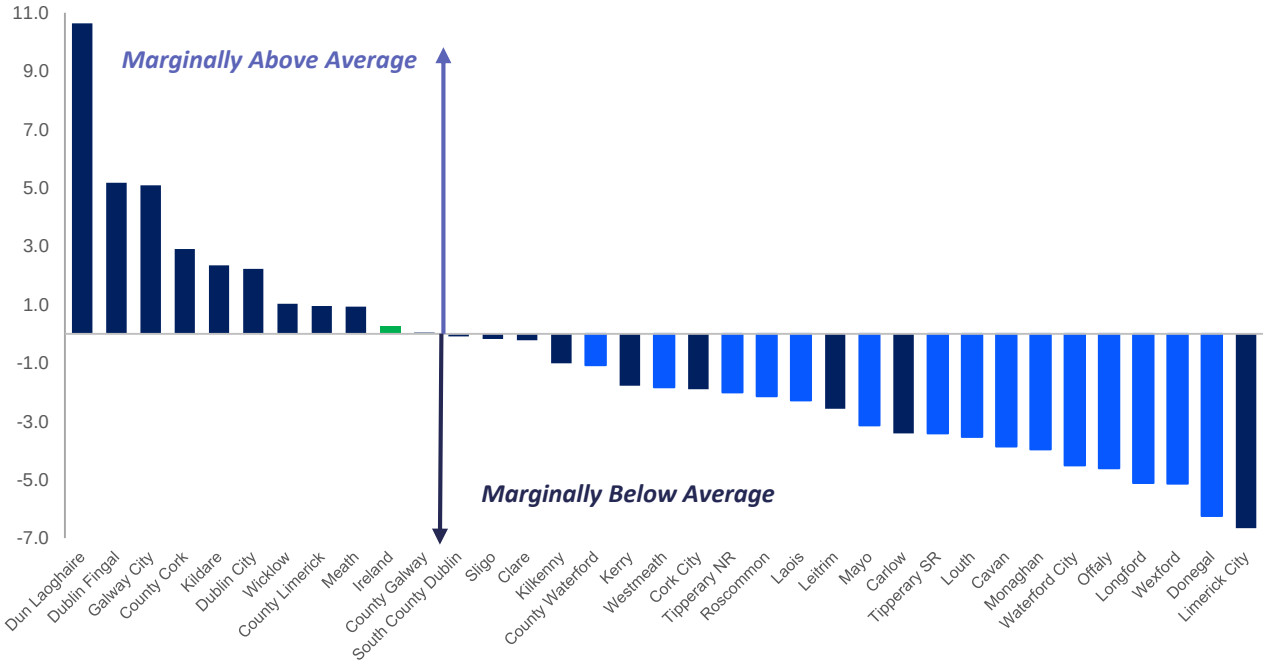
Figure 4: Heat Map of Medical Card Coverage across Ireland 2014



Source: CSO Population Estimates and PCRS Database

Of the ten counties highlighted in ***Table 5***, all ranked marginally below average based on their associated relative deprivation score as illustrated in ***Figure 5*** below. Donegal had the highest medical card coverage and also ranked as one of most deprived counties based on relative deprivation scores. Donegal has a relatively old population profile reporting the highest old age dependency ratio across all counties.

Figure 5: Relative Deprivation Scores across Counties 2011



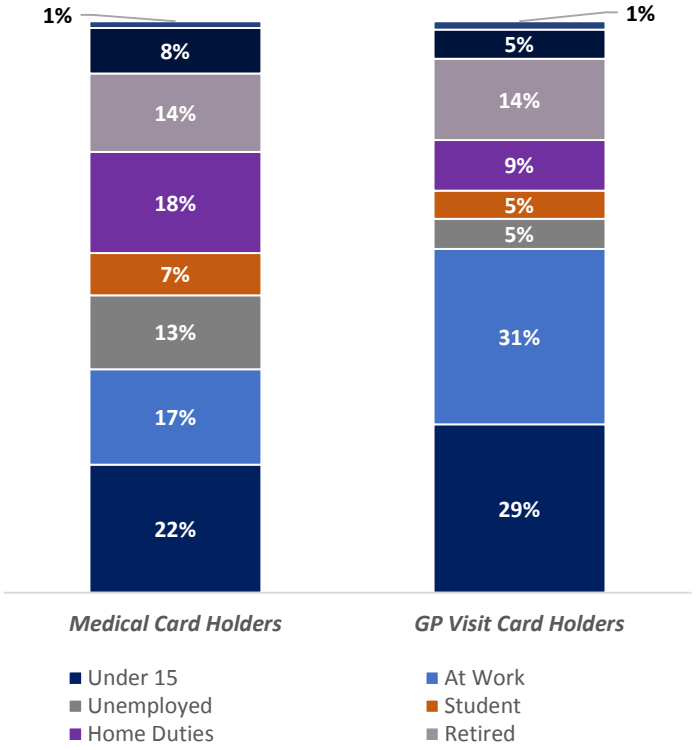
Source: Pobal Deprivation Index [7]

[7] Pobal Deprivation Index https://www.pobal.ie/Pages/New-Measures.aspx

Economic status and Income Distribution

The distribution of GMS users according to their economic status varies for those eligible for medical cards as opposed to GP visit cards. ***Figure 6*** below illustrates the spread of cards across differing economic statuses.

Figure 6: Share of Card Holders by Primary Economic Status 2014



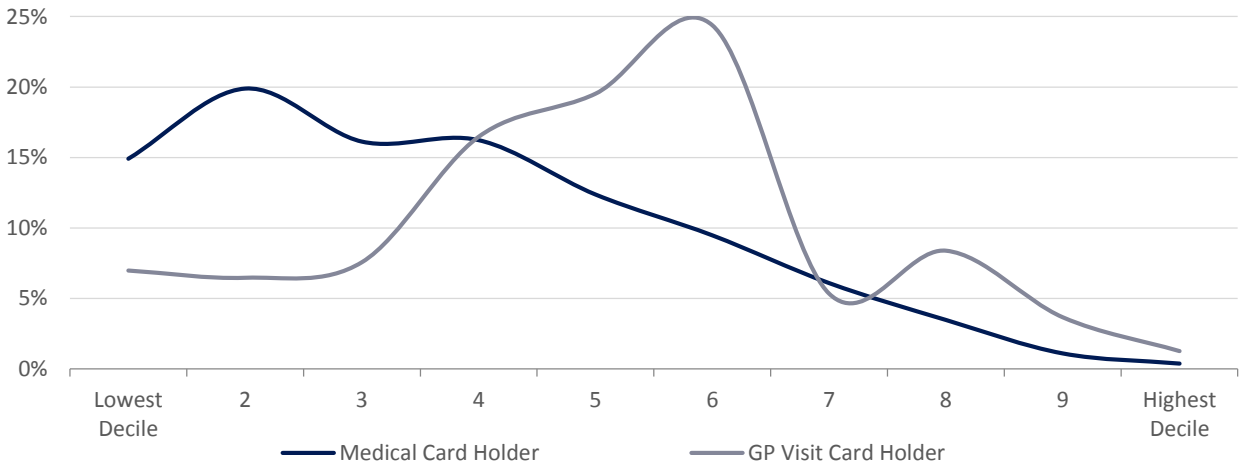
The largest proportion of Medical Cards are held by persons under 15 at a share of 22% while those stating their main activity as being home duties[8] hold 18% of cards. Persons at work had a share of 17% of cards, reflecting the fact that recipients of certain social welfare payments typically have Medical Cards. Those unemployed held 13%, 14% were retired, 7% were students and 8% were ill/disabled.

Similar to Medical Card's, for persons with GP visit cards, the greatest proportions of cardholders were those at work and those under 15.

Source: SILC, Survey on Income and Living Conditions 2014

Figure 7 demonstrates the coverage of cards across the varying income deciles, presenting the proportion of cards held by individuals in each of the ten income deciles with 1 being the lowest decile and 10 the highest.

Figure 7: Medical Cards and GP Visit Cards by Income Deciles, 2014



Source: SILC, Survey on Income and Living Conditions 2014

[8] People who perform unpaid domestic duties in a full-time capacity.

Individuals with lower incomes are seen to be more likely to hold a medical card while those in the top half of the income distribution are less likely to hold a card. The four lowest income deciles hold 67% of medical cards. The second lowest decile report having the most medical card's at 19%.

A small percentage of those in higher income deciles hold medical cards. Figure 7 shows, 1% of cards are held by the highest decile, 1% are held by the ninth decile and 3% are held by the eight decile. According to the ESRI (2015), one in five of those in the highest income decile reports having a medical card while very few of the group are modelled as having an entitlement to a medical card[9]. Cards held by those in the higher income deciles may have been granted on a discretionary basis.

Table 6: Proportion of each income decile by Card Status

	Lowest Decile		**2nd**		**3rd**		**4th**		**5th**	
Population	473,687		463,674		408,404		451,080		487,519	
Of which:										
	No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
MC Holders	274,606	58%	366,319	79%	296,986	73%	298,867	66%	227,790	47%
GPVC Holders	9,254	2%	8,573	2%	10,041	2%	21,871	5%	25,925	5%
No MC/GPVC	170,237	36%	75,339	16%	94,648	23%	121,951	27%	225,417	46%

	6th		**7th**		**8th**		**9th**		**Highest Decile**	
Population	516,442		476,359		454,305		450,571		430,308	
Of which:										
	No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
MC Holders	174,445	36%	112,019	24%	63,830	14%	20,111	4%	6,817	2%
GPVC Holders	32,374	6%	7,071	1%	11,125	2%	4,847	1%	1,660	0%
No MC/GPVC	297,753	58%	350,914	74%	373,561	82%	423,488	94%	417,736	97%

Source: SILC, Survey on Income and Living Conditions 2014

Medical card coverage across income deciles follows a relatively downward trajectory with the greatest number of holders being in the lower income deciles. The only exception to this being the difference between the lowest and second lowest decile. The second lowest decile has a greater percentage of medical card holders compared with the lowest. Similar findings were discovered by the ESRI (2015) in their analysis of GMS eligibility. They provided a rationale for the occurrence, stating that the lowest decile contains substantially more young unemployed persons who may be eligible for medical cards but if in good health, may not register for or take up this entitlement.

[9] Economic and Social Research Institute (ESRI), *Modelling Eligibility for Medical Cards and GP Visit Cards: Methods and Baseline Results,* November 2015 http://www.esri.ie/pubs/WP515.pdf

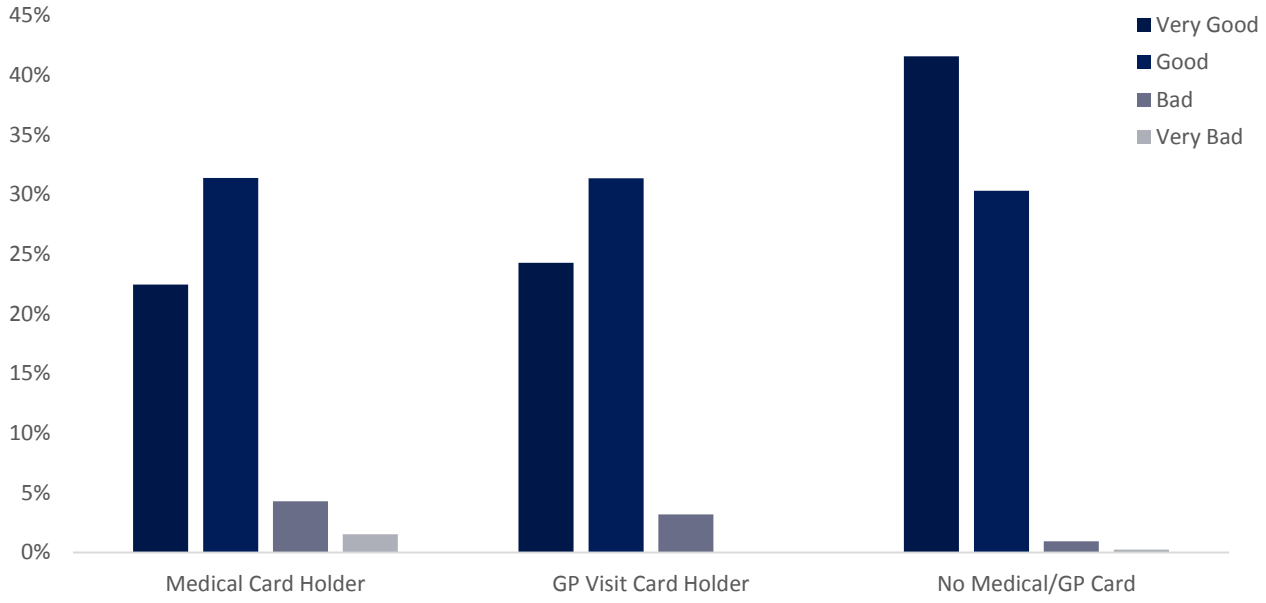
When moving up income deciles from the second lowest on, the proportion of those covered begins to fall off. Of those in the second decile, 79% hold medical cards while only 2% of those in the highest decile have medical cards.

For GP Visit Cards, a peak in coverage occurs for those on low to middle incomes. The highest proportion of GP visit card holders are in the sixth income decile, as 6% or 32,374 of those in the decile report holding a GP visit card.

Health status

Two metrics to measure health status are considered in this section: individuals self-perceived health status and whether the individual suffers from a chronic illness. The health status of GMS recipients in 2014 is set out in ***Figure 8*** below. Health status of recipients is compared to those without a card.

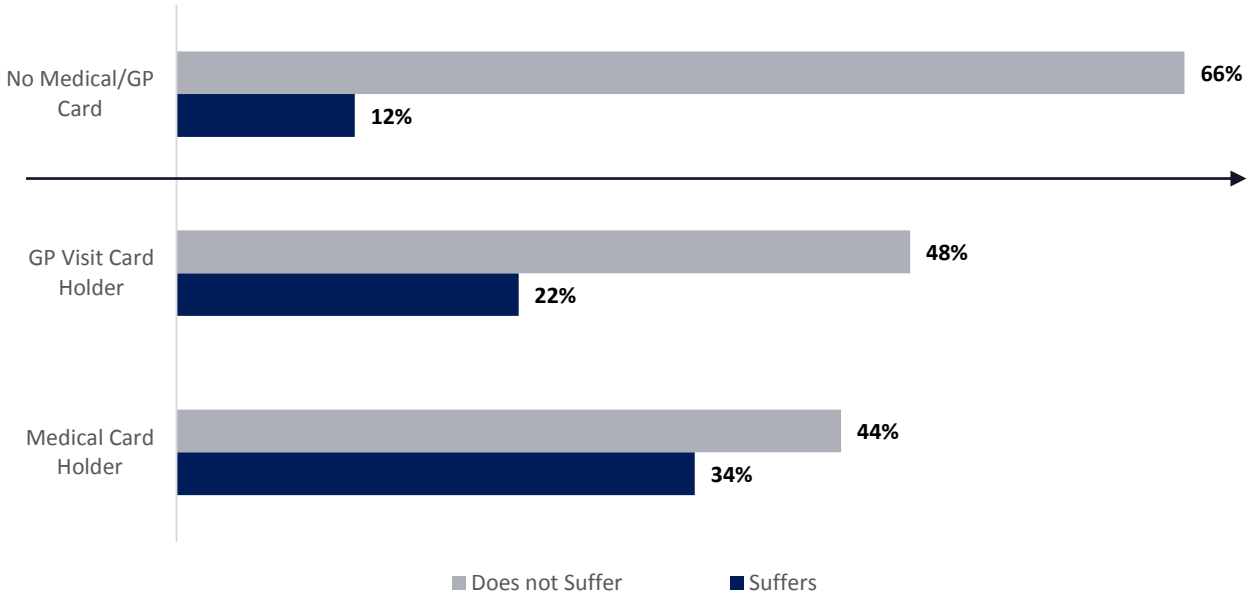
Figure 8: Health Status by GMS Status 2014



Source: SILC, Survey on Income and Living Conditions 2014

The majority of individuals with no medical card/GP visit card report their health status as being “very good” while the number is substantially lower for those with cards. This variance continues across the lower health statuses with medical card holders having the highest proportions to state their health as “bad” or “very bad”.

Figure 9: Prevalence of Chronic Illness by GMS Status 2014



Source: SILC, Survey on Income and Living Conditions 2014

Figure 9 presents chronic illness incidence according to GMS status. There is a substantial difference in the prevalence of chronic illness among those eligible and ineligible for GMS cards.

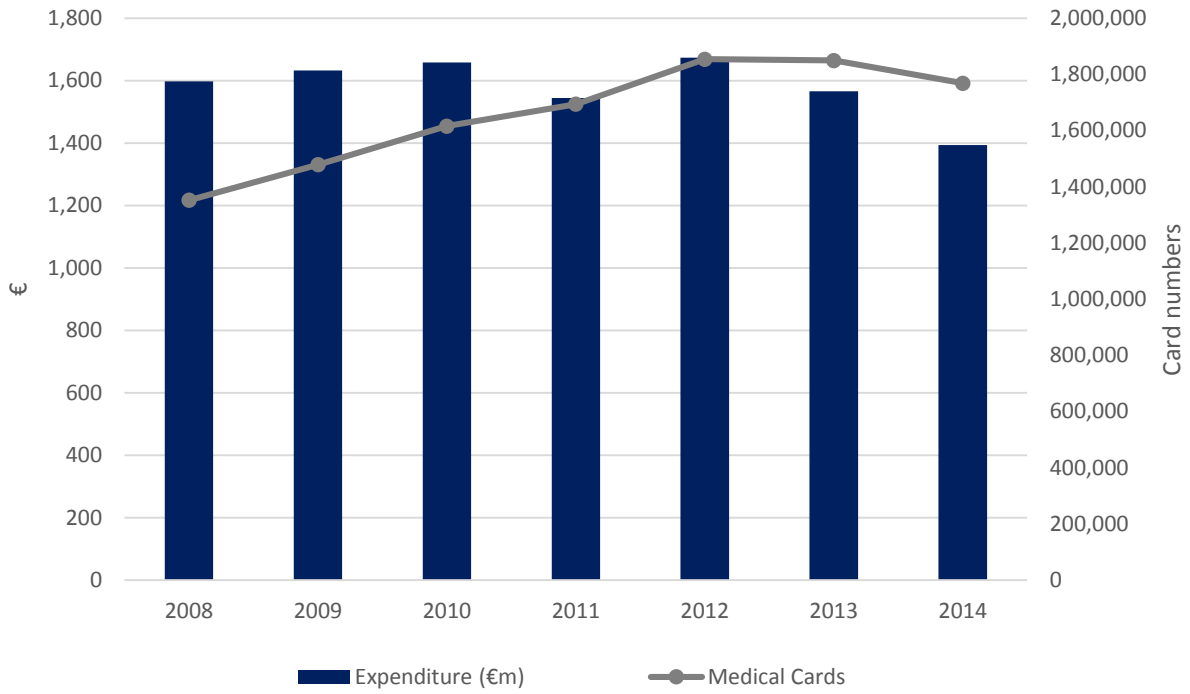
- Only 12% of those with no card state having a chronic condition in comparison to GP visit card holders at 22% and medical card holders at 34%.
- Chronic illness has a greater prevalence among medical card holders in contrast to frequency amid those with GP visit cards, 12% more medical card holders have a chronic illness than those with a GP visit card.

Despite the fact that most people covered by GMS do not suffer from a chronic illness, it is clear that when compared to those not eligible for GMS, the health status of individuals eligible for GMS is notably poorer than those outside the scheme.

Section 4: Key Changes from 2013 Peak

Figure 10 illustrates the annual changes in expenditure and the underlying change in volume of medical cards and the cost of a medical card.

Figure 10: Medical card trends, 2008-2014



Source: PCRS Database

Figure 10 demonstrates the fall off in the volume of medical cards from 2013 to 2014. The following section outlines key changes in cardholder characteristics from 2013 to 2014.

Age

- Over the period 2012 to 2015, the annual distribution of medical cards across age cohorts followed a similar pattern.
- In 2014, the share of cards held by 0-11 year olds fell by 1% while the older age groups, persons aged 45 – 69 years, increased by 1%. The age cohort to experience the greatest reduction in their share of medical cards came from those aged 25 -34 years.

Economic Status

For medical card holders, there was little variation in the distribution of cards across different economic status categories from 2013 to 2014.

- The proportion of under 15's with medical cards remained at 22% and so too did the proportion of those retired.

- The largest change in the share of cards was the student status, falling from 9% to 7%. While a number of other groups' experienced slight shifts of around 1%. Overall the proportions remained relatively stationary.

The distribution of GP visit card holders across economic status changed significantly from 2013 to 2014.

- The proportion of employed persons with GP visit cards fell from 39% to 31%. Unemployed persons with cards also decreased from 7% to 5%.
- Other groups have increased their share such as retired persons increasing from 6% in 2013 to 14% in 2014 and under 15s with cards increasing from 26% to 29%.

Regional Shift

Medical cards reached a peak in 2013 and thereafter began to fall. ***Table 7*** highlights the ten counties with the greatest percentage fall off in cards from peak.

Table 7: Greatest Change from Peak Medical Card Numbers 2013 by County

	County	%
1	Clare	-15%
2	North West Dublin	-14%
3	Roscommon	-14%
4	North Dublin	-12%
5	Waterford	-12%
6	North Cork	-12%
7	Meath	-12%
8	West Cork	-12%

Source: PCRS Database

- In percentage terms, Clare had the largest reduction in medical cards with 15%, closely followed by North West Dublin and Roscommon with 14%. The remaining five experienced a decrease of around 12%.

Conclusion

The paper seeks to provide a profile of recipients of the GMS scheme, those who are in receipt of a medical card or a GP visit card. In order to provide the relevant context, an overview of historical trends and the schemes underlying terms of eligibility are outlined from the onset. When examining characteristics of recipients, a range of variables were considered from gender and age to health status. Given the nature of the GMS scheme, where eligibility is primarily based on means testing, the findings of the analysis are largely aligned with expectations. Recipients are generally, children or elderly living outside the greater Dublin area with income in the lower deciles.

Appendix

Table A: Categories of primary care eligibility

	Entitlement	Types	Period of issuance
Medical Card	• General Medical and Surgical Services including all inpatient and outpatient services in public hospitals • GP care • Supply of prescribed approved medicines & appliances • Dental, ophthalmic & aural services • Medical & Midwifery Care • Maternity cash grant	1. Regular 2. Discretionary 3. Emergency	Three years (four years for the over 66 cohort). Emergency cards are valid for six months from date of issuance.
GP Visit Card	• GP care	1. Regular 2. Discretionary 3. Automatic entitlement based on age criteria	Three years Age dependent

Table B: Medical and GP Visit Card Income Thresholds

	Medical Card (weekly rate)	GP Visit Card (weekly rate)
Single Person Living Alone		
Aged up to 65 years	€184	€276
Aged 66 years and over	€201.50	€302
Single Person Living with Family		
Aged up to 65 years	€164	€246
Aged 66 years and over	€173.50	€260
Married Couple/Single Parent Families with Dependent Children		
Aged up to 65 years	€266.50	€400
Aged 66 years and over	€298	€447
Allowances		
First 2 children under 16 financially dependent on applicant	€38	€57
3rd & subsequent children under 16 financially dependent on applicant	€41	€61.50
First 2 children over 16 financially dependent on applicant	€39	€58.50
3rd & subsequent children over 16 financially dependent on applicant	€42.50	€64
Dependent over 16 years who is in full time third level education & not grant aided	€78	€117

Source: HSE National Assessment Guidelines http://www.hse.ie/eng/services/list/1/schemes/mc/forms/assessmentguidelines.pdf

Table C: Pobal Deprivation Index, 2011

Relative Index Score	Standard Deviation	Label	Colour Scheme in Maps	Number of SAs in 2011	Percentage of SAs in 2011
over 30	> 3	extremely affluent	dark blue	30	0.2
20 to 30	2 to 3	very affluent	medium blue	472	2.6
10 to 20	1 to 2	affluent	medium green	2,411	13.0
0 to 10	0 to 1	marginally above average	light green	6,234	33.7
0 to -10	0 to -1	marginally below average	light yellow	6,483	35.1
-10 to -20	-1 to -2	disadvantaged	medium yellow	2408	13.0
-20 to -30	-2 to -3	very disadvantaged	orange	448	2.4
below -30	< -3	extremely disadvantaged	red	2	0.0
Total				18,488	100.0

Source: Pobal