



## PDFORRA MEDICAL ASSISTANCE SCHEME COMPANY LIMITED BY GUARANTEE

JOHN LUCEY HOUSE, COLLINS SQUARE, BENBURB STREET, DUBLIN 7

TEL: 01 671 2430 FREEPHONE: 1800 200 250 EMAIL: [MAS@PDFORRA.IE](mailto:MAS@PDFORRA.IE) WWW: [PDFORRAMAS.IE](http://PDFORRAMAS.IE)

DIRECTORS GERRY ROONEY: DAMIEN QUIGLEY: MARTIN BRIGHT

My name is Damien Quigley and I want to thank the committee for giving us this opportunity to speak on this very important matter. I am the National Support Officer of PDFORRA and a director of the PDFORRA Medical Assistance Scheme (PMAS). My Colleague is Martin Bright, the Deputy General Secretary of PDFORRA and also a Director of PMAS. PDFORRA is the representative body for Enlisted Personnel serving in the Irish Defence Forces and we have a membership of over 6,300 across the Army, Naval Service and Air Corps.

For a significant number of years, PDFORRA became increasingly worried that a high percentage of our members, who had become injured in service to the state, were unable to continue in service in the Defence Forces because of extended waiting lists for medical treatment in the public health system.

Since 1994 new contract arrangements for Enlisted Personnel applied stricter health and fitness criteria for each period of re-engagement. Consequently, a member could be discharged and lose his/her job if medical treatment was not provided quickly.

This problem is not uncommon due to the intense physically demanding nature of military service - injuries and accidents happen and are part of life in the Defence Forces. In order to keep their jobs those concerned relied on the military medical services and public health service for prompt treatment. The military medical service only provides GP and primary care, while the public health service, because of very long treatment waiting lists, is unable to provide medical treatment quickly enough.

Unlike Commissioned Officers, Enlisted Personnel are not provided with free private medical care and are not in a financial position to pay for expensive private medical care. In the foregoing circumstances, PDFORRA established the PDFORRA Medical Assistance Scheme (PMAS) as a not-for-profit company limited by guarantee to facilitate members who required prompt medical treatment. This was to ensure their continued service in the Defence Forces or indeed go on overseas service with United Nations. The scheme facilitates members in securing medical treatment, mainly in Northern Ireland, under the European Union (EU) Cross-border Healthcare Directive (CBD).

The financial model used is based around the member needing treatment seeking sanction from the HSE to receive the treatment – and borrowing the necessary finance from the ANSAC Credit Union. These loans are guaranteed by PMAS. Once the treatment has been received the individual member will get a refund of most of the costs from the HSE. Where the refund does not cover all the costs the member receives money from the PMAS fund to cover the shortfall. The PMAS fund was initially established by a loan of €150,000 from PDFORRA and is maintained and added to through member subscriptions.



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The first PMAS member received treatment in Kingsbridge Hospital, Belfast in July 2018 and to date over 250 patients have been processed for treatment under the scheme. Membership of PMAS has risen to just under 3,000. It would be fair to say that the scheme has been a success in the short period that it has been active with many careers secured as a result – but also many important interventions for individuals in terms of ending pain, suffering and anxiety. The military medical service in particular see the benefits of the scheme and refer injured members for treatment regularly. They recognise PMAS as a pathway to solving medical problems, reducing sick leave and retaining Enlisted Personnel.

The success of the scheme saw PMAS plan to formally increase its staff and to expand membership to include family members. However, Brexit and the Northern Ireland Protocol has presented a challenge it did not predict. PMAS thought that the Cross Border Directive would still apply to Northern Ireland because it has a similar status to the European Economic Area (EEA) countries, for example, Norway, where cross border healthcare does exist under the Cross Border Directive. For reasons that PMAS does not understand this route appears not to have been pursued. Instead, a temporary and comparable scheme has been put in place by Government in respect of residents of the Republic of Ireland seeking treatment in Northern Ireland. It is known as the Northern Ireland Planned Healthcare Scheme.

The temporary nature of the new arrangements has led to PMAS putting off any expansion plans in respect of staff and family membership. It is our understanding that the Government scheme will only last for the remainder of this year and may then fall and not be replaced on 31<sup>st</sup> December 2021. In theory PMAS members will be able to go to other countries in mainland Europe for treatment. However, this is considerably more difficult from a travel perspective and, crucially, very much more expensive for the individual as a result of travel and accommodation costs. PMAS is not sure it can deliver such a service and further believes that members will not opt for such an approach also. The net effect of this will be more medical discharges of Enlisted Personnel and, PMAS believes, more individuals voluntarily leaving the Permanent Defence Force.

PMAS previously wrote to the Minister for Health, Stephen Donnelly, TD seeking the continued operation of the Cross Border Directive in respect of Northern Ireland as part of the Northern Ireland Protocol after Brexit. We have again written to the Minister for Health asking him to give the Northern Ireland Planned Healthcare Scheme a permanent status going forward. This action will give our members the security they need in terms of medical treatment and career certainty.

Thank you