



Date: 12th, July 2023

Circular Number: NCO-25-2023

**Arrangements for the Provision of Services under the Health Act 1970 (as amended) and the Health
(General Practitioner Service and Alteration of Criteria for Eligibility) Act, 2020**

Dear Doctor,

I am taking this opportunity to write to you as a General Practitioner who currently holds a Medical Card and a Doctor Only Visit Card (DVC) and an Under 6 Contract with the Health Service Executive (“HSE”) (for the purpose of this Circular hereinafter collectively referred to as the Contracts) to inform you about the recently concluded Agreement reached between the Department of Health, the Health Service Executive (HSE) and the Irish Medical Organisation (“IMO”) under the Framework Agreement on a range of measures, including but not limited to, the extension of eligibility to DVCs to individuals and families whose annual reckonable earnings do not exceed the median income and to all children aged between 6 and 7 years (inclusive).

The Agreement (hereinafter referred to as the GP Agreement 2023) sets out new agreed contractual terms and conditions that will, in the case of the former, apply to the participating General Practitioners under the Doctor Visit Card Form of Agreement and, in the case of the latter, under what will now be referred to as the Form of Agreement for the Provision of Services to Children aged Under 8 Years (for the purpose of this circular hereinafter referred to as the Under 8 Contract).

The terms of the GP Agreement 2023 pertaining to the median income provision are therefore incorporated in to the individual Doctor Visit Card Form of Agreement pursuant to Clause 41(1) thereof and in to the Under 8 Contract pursuant to Clause 21 thereof. It should also be noted that the recently concluded Agreement with the IMO includes a commitment that no further extensions of eligibility beyond those already announced by Government will be introduced, other than by agreement with the IMO and in the context of a new agreed Contractual Framework between the parties as an output following the Strategic Review. In the event that Government considers it necessary to provide overall health service supports for defined cases and in small groups then the IMO will be engaged with under the Framework Agreement to seek its views on any resourcing and/or capacity implications for general practice

I would like to provide clarity for you on the variations to the Contracts arising from the said Agreement. The full text of the Agreement can be viewed at

<https://www.hse.ie/eng/about/who/gmscontracts/GPAgreement2023/>

The Agreement encompasses 8 distinct strands as follows;

- i. Extension of DVC eligibility to children aged between 6-7 years (inclusive) and individuals and their dependants whose income is at or below the median income;
- ii. Increased Capitation rates in respect of children aged between 6 and 12 years (inclusive) and card holders aged between 13 and 69 years (inclusive). Details of revised capitation rates are set out in Appendix 1 to this circular;
- iii. Supports to Enhance Capacity of General Practice;
- iv. Out of Hours Services;
- v. Provision of Contraception Services under GMS Contracts;
- vi. Rollout of Phase 3 of Chronic Disease Management Programme;
- vii. Operationalisation issues
- viii. Initiatives to Maintain GP Services in Rural Communities

1. Extension of Doctor Visit Only Card

The Government in the context of the current cost of living crisis, decided in Budget 2023 to include, inter alia, an expansion of eligibility for a DVC to individuals and families whose annual earnings do not exceed the median income. The Government also decided to extend eligibility for a DVC to children aged between 6 and 7 years (inclusive). At a time when families are experiencing significant cost of living pressures, the Government is focusing on reducing the costs faced by individuals and families to deliver societal benefits.

Department of Health modelling indicates that approximately 340,000 individuals could potentially take up eligibility for a DVC under the expansion of care to those earning no more than the median income. This number is in addition to the estimated 78,000 children who it is projected will become eligible under the expansion of care to all children aged 6 and 7 (inclusive).

2. Increases in Capitation Rates

Under the terms of the 2023 Agreement the parties have agreed a range of Capitation fee rates adjustments across the age groups from 6- 69 years inclusive. The Capitation rate for Child Patients aged between 6 and 12 years (inclusive) will increase from an average of €65.00 to €100.00. Rates for GMS patients aged between 13 and 69 years (inclusive) will increase by 10.0%. Details of the Capitation fee rate increases are set out in Appendix 1 to this Circular. Furthermore, as a consequence of the capitation fee increases the value of the HSE's contribution to the Participating General Practitioner's superannuation scheme will also increase. All new capitation rates will be applicable from 1st August 2023 provided the GP has signed up to the terms of the GP Agreement 2023 and submitted a completed and signed Notice of Participation Form to the HSE on or before the 9th August, 2023, as outlined in Section 9 of this Circular.

3. Supports to Enhance Capacity of General Practice

In addition to changes to the existing practice supports, each GMS GP with a weighted panel size of 500 or more, where weighting is such that GMS patients aged 70 years and over count for two, will be entitled to access a new form of practice grant of €15,000. This grant can be used towards a Practice Nurse, Practice Administrator, Practice Manager or the new role of GP Practice Assistant (GPA) (see Table 4 of Appendix 2 to this Circular). This grant will only apply to

additional hours for existing staff (increase in hours must be on or after 1st July 2023) or staff hired after the 1st July 2023.

With effect from 1st July, 2023 Practice Support Subsidies for existing Practice Staff will be based on total maximum refundable amounts, as set out in Table 3 of Appendix 2 to this Circular. For the first time the cost of the Applicable Employer's PRSI contributions will also be included in the subsidy calculations and GPs will be able to claim practice support subsidy for existing members of staff while they are on maternity leave.

In addition to the above and across all grants, in determining the relevant point on the subsidy scales for a practice nurse, relevant nursing experience in an acute, community/primary care or nursing home setting will be taken into account in determining the relevant point. Heretofore, only General Practice experience was taken into account.

Those GMS GPs in receipt of the RPSF (and those GMS GPs who continue to receive the former RPA on a red circled basis) and whose weighted GMS panel size is less than 1,200 will be treated the same as those GMS GPs whose weighted panel size is 1,200 or more for the purposes of calculating practice supports, locum expenses contributions for leave and medical indemnity rebate.

Further details of these support measures, including worked examples, are set out in the 2023 Agreement (ref: Section 5). In order to avail of these support measures from the 1st July, 2023 GPs must have signed up to the terms of the GP Agreement 2023 and submitted a completed and signed Notice of Participation Form to the HSE on or before the 9th August, 2023, as outlined in Section 9 of this Circular.

4. Provision of Out of Hours Services

In March 2020, at the beginning of the pandemic, the HSE agreed with the GP Out of Hours (OOH) Co-operatives changes in the way they would be paid to deliver services in respect of GMS patients. Rather than provide payment on a fee-per-consultation basis, OOH services have since then been paid a flat grant, based on 2019 levels of activity. This change allowed for the maintenance of services in the uncertain environment of the time, when the potential for greatly reduced income levels might have threatened the services' viability, and was implemented at no additional cost. The same level of payments were provided to the OOH services in 2021, 2022 and up to 30th June 2023. Under this Agreement the parties agree that OOH Co-Ops can revert to the pre-covid contractual arrangements, that being the OOH STC rate of €41.63 for each in person consultation (treatment Centre based and Domiciliary), provided by the Co-ops, with effect from 1st September, 2023. However, recognising that some OOH Co-Operatives have significantly revised their business arrangements during Covid, and wish with the agreement of their members to continue on the existing grant system, this will be facilitated by the HSE.

4.1 Additional Supports for Out of Hours Services

In addition to the foregoing, Co-ops will receive a supplementary grant to assist with the provision of innovative services, such as telephone consultations in respect of patients in nursing homes, those receiving palliative care, or to avoid hospital attendance. The annual grant amount will be €2m and will be distributed across the grant funded Co-ops on a pro-rata basis, having regard to the GMS populations served by each.

Each OOH CO-OP, in line with existing SLAs with HSE CHOs provide monthly activity reports to the HSE setting out the number of contacts, number of contacts subsequently triaged, number of in-person consultations in treatment centres, number of in-person consultations in domiciliary settings, other contacts and referrals to Accident and Emergency Service. As part of this new arrangement each CO-OP will be required to provide the information split

between activity levels for GMS and non-GMS patients. For those Co-Operatives reverting to the Pre-Covid contractual arrangements, all in-person out of hours consultations provided by the GP Out of Hours Co-ops will transition to being claimed by the GP Out of Hours Co-ops using a dedicated number assigned to them by PCRS.

The parties to this Agreement acknowledge that the foregoing measures are interim in nature pending the outcome of further engagements following the completion of the Strategic Review of GP Services. It is expected that the Strategic Review will provide an opportunity to give consideration to the appropriateness of other/emerging service responses such as teleconsultations with doctors in the out of hours context.

5. Provision of Contraception Services

In 2022 a free Contraception Service was introduced. Initially it was for all women aged between 17 and 23 years of age irrespective of eligibility status and was subsequently extended to cover all women up to the age of 26. The Scheme will be further extended in September of this year to include women up to the age of 30 years. Further age based extensions of the Scheme are expected to take place in to the future in line with Government policy and subject to overall budgetary parameters. With the extension of DVC eligibility to individuals and families whose annual reckonable earnings do not exceed the median income, women who qualify for a DVC but are not comprehended by the age parameters of the free Contraception Scheme as they apply at the time the service is required, will be able to access contraception services in accordance with the scope of service of the GMS contracts.

Under this Agreement the fees paid in respect of the insertion and removal of long-acting contraceptive devices will be increased so that they are aligned with the equivalent fee rates that apply under the Free Contraception Service. GPs may also claim a single fee per annum in respect of an eligible woman between the ages of 31 and 44, inclusive, in respect of a consultation for the purposes of obtaining contraception. These measures will apply both to existing GMS/DVC holders and those who become newly eligible for a DVC under this Agreement.

The new fee rates that will apply under the GMS Contracts are set out in Table 2 of Appendix 2 to this Circular.

6. Roll out of Phase 3 of Chronic Disease Management Programme

The parties to this Agreement have agreed the following service enhancements as part of the roll out of Phase 3 of the CDM Programme. The commencement of Phase 3 roll out is dependent on the development of the necessary IT developments with a target implementation timeline of autumn of 2023.

- Hypertension for patients with GMS/DVC over 18 years and including stage 1 hypertension will be included in the CDM Prevention Programme.
- All women (GMS and non GMS) who suffered gestational diabetes or pre-eclampsia since January 2023 will also be included in the Prevention Programme and where such women develop diabetes, they will be included in the CDM Treatment Programme.
- Health Amendment Act Cardholders (HAA) will be eligible for registration on the CDM Programme.
- A number of measures to update and streamline the Care Plan have been agreed, the details of which are set out in Appendix 1 to this Agreement

The effective roll out of Phase III requires a number of enhancements to the CDM Programme, the addition of functionality and consolidation / streamlining of the Programme, which incorporates feedback from relevant stakeholders. Details of the above changes are set out in Appendix 1 to the GP Agreement 2023.

7. Operational issues

7.1 Extension of DVC Eligibility- Registration Process

In order to facilitate an effective and efficient patient application and registration process, and to ensure an orderly implementation of the GP Notice of Participation process the extension of free GP care to the cohorts in question will be done on a planned phased basis as follows;

- Children Aged between 6-7 years- Commencement of registration-11th August, 2023
- Phase 1 of Median income registrations- 11th September, 2023
- Phase 2 of median income registrations- 13th November, 2023

7.2 Assignment of Patients Under GMS Contracts

Patient choice of doctor has been and remains a bedrock principle of the General Medical Services Scheme. For the vast majority of individuals who are approved for either a Medical Card or DVC their choice of doctor is accommodated and they therefore are registered on the GMS panel of their doctor of choice. In 2022 out of a total of circa 348,000 individuals who were approved for either a DVC or medical Card some 3,927 (i.e. 1.1%) of these new applicants were unable to get placed on to the GMS panel of their doctor of choice.

It is not the HSE's intention to utilise the assignment provision as the default mechanism for assigning patients qualifying for Doctor Only Visit Cards under the terms of this Agreement, to the GMS panel of any participating GP, where such patients were not formerly registered with the participating GP in question. Details of how this interim arrangement is to operate are set out in Sub-section 9.2 of the GP Agreement of 2023.

In addition to the foregoing a joint HSE/IMO working group will be established to review the operation of the patient assignment protocol with a view to ensuring that it is framed and operating in a fair, equitable, patient and GP centred manner and that due regard is being had to health and safety considerations relating to GP practice teams in terms of how it is being operationalised.

7.3 Current Limitations on Panel Numbers

Current Limitation on panel numbers is defined in Paragraph 7 of the GMS Contract and Paragraph 6 of the Under 6 Contract. Under this Agreement the number of persons whose names may be placed on a General Practitioner's GMS List will remain at 2,200. In exceptional circumstances where the additional patients under this agreement bring the GPs list over 2,200, this will be considered on a GP by GP basis.

8. Maintaining GMS GP Services in Isolated Rural and Urban Disadvantaged Communities

While the number of GMS vacancies is relatively low, there are a number of long standing vacancies within rural and urban disadvantaged areas which have proven challenging to fill. There are currently 10 such vacancies which are in place for 12 months or more. Many of these practices are single-handed, rural practices with small panel sizes with limited potential for private income, limited support staff, absence of formalised GP Out of Hours Co-Op arrangements, limited investment in computerisation and practice premises or where same is available to potential successors they would require significant upgrading.

Furthermore, among the many challenges being faced by GPs in rural Communities is the issue of obtaining locum cover for approved leave periods. Not only is this issue impacting on the quality of working life of GPs in these communities but it is also an impediment to attracting GPs to apply for GMS vacant panels in these communities when such vacancies arise.

Under this Agreement a ring-fenced fund of €0.600m is being made available to support the delivery of the above initiatives, the details of which are set out in Section 10 of the GP Agreement 2023.

9. GP Participation in Registration of Patients Who Become Eligible Under Median Income Provision

In order to avail of the terms of this Agreement (including the fee rate increases) existing GMS GPs are required to submit and return to the HSE a completed and signed Notice of Participation form in respect of their participation in the provision of General Medical Services to patients who qualify for a DVC under the median income provision and Child Patients aged 6-7, in accordance with the terms of the GP Visit Card Contract, the Under 8 Contract and the relevant terms of this GP Agreement 2023.

In the above context, the HSE hereby invite you to complete the standard Notice of Participation form and return same via email to the HSE's National Contracts Office at gp.agreement@hse.ie . In forwarding your signed and dated Notice of Participation Form please ensure that your email correspondence address is included in the space provided to allow for subsequent communications from the HSE in this matter. The Notice of Participation form can be accessed via the following web link

<https://www.hse.ie/eng/about/who/gmscontracts/GPAgreement2023/>

The HSE intends commencing the patient registration process on a phased basis commencing with Child Patients aged between 6-7 years (inclusive) on the **11th of August, 2023**. In order for you to be registered as a Participating General Practitioner prior to the 11th August, 2023 you should return your completed Notice of Participation form via email to gp.agreement@hse.ie on or before the **9th of August, 2023**. The HSE will however continue to process Notice of Participation forms received after that date.

I would like to thank you for taking the time to read this correspondence and associated documents and hope that you will be in a position to provide the Services in accordance with the terms of your GMS contracts as updated by the terms of the GP Agreement 2023 and look forward to receiving your Notice of Participation form in early course.

Yours Sincerely,



Pat Healy
National Director
Clinical Programme Implementation
& Professional Development

Appendix 1: Fee rates Under GP Agreement 2023

Table 1: Revised Capitation Rates	
Cohort	Annual Capitation
Child Patient Aged between 6 and 7 years (inclusive)	€100.00
Child Patient Aged between 8 and 12 years (inclusive)	€100.00
Male patient aged 13 years and less than 16 years	€70.71
Male patient aged 16 years and less than 45 years	€90.26
Male patient aged 45 years and less than 65 years	€180.29
Male patient aged 65 years and less than 70 years	€189.92
Female patient aged 13 years and less than 16 years	€71.52
Female patient aged 16 years and less than 45 years	€147.60
Female patient aged 45 years and less than 65 years	€198.10
Female patient aged 65 years and less than 70 years	€211.87

Table 2: Contraception Services: Revised Fee Rates under GMS Contracts

Applicable Services Rendered by a Registered Medical Practitioner on behalf of the Health Service Executive under the General Medical Services Scheme.	
Description	Amount
Consultation provided to an eligible woman aged between 31-44 years (inclusive) for the purposes of obtaining a prescription for accessing relevant products.	€55.00
Fitting by a Registered Medical Practitioner of a relevant product that is a Coil for an eligible woman aged over 30 years.	€160.00
Removal by a Registered Medical Practitioner of a relevant product that is a Coil for an eligible woman aged over 30 years.	€50.00
Fitting by a Registered Medical Practitioner of a relevant product that is a contraceptive implant for an eligible woman aged over 30 years	€100.00
Removal by a Registered Medical Practitioner of a relevant product that is a contraceptive implant for an eligible woman aged over 30 years	€110.00

Appendix 2: Supports to Enhance Practice Capacity

Table 3: Maximum Refund Computations (Grades Comprehended by Practice Support Subsidy Provisions)

Grade	Point	Maximum Refundable Salary Amount	ER PRSI at 11.05%	Total Maximum Refund (incl of ER PRSI)	Subsidy Ceiling 75%
Practice Nurse	4	€ 52,500	€ 5,801	€ 58,301	€43,725.75
Practice Nurse	3	€ 47,250	€ 5,221	€ 52,471	€39,353.25
Practice Nurse	2	€ 44,765	€ 4,947	€ 49,712	€37,284.00
Practice Nurse	1	€ 42,276	€ 4,671	€ 46,947	€35,210.25
Practice Manager	1	€ 50,000	€ 5,525	€ 55,525	€41,643.75
Practice Admin	3	€ 32,000	€ 3,536	€ 35,536	€26,652.00
Practice Admin	2	€ 29,715	€ 3,284	€ 32,999	€24,749.25
Practice Admin	1	€ 27,428	€ 3,031	€ 30,459	€22,844.25

*The current criteria for claiming subsidy towards cost of employing a Practice Manager will continue to apply.

Table 4: New Grade of General Practice Assistant (Comprehended by Practice Grant for Additional Capacity)

Grade	Point	Maximum Refundable Salary Amount	ER PRSI at 11.05%	Total Maximum Refundable (incl. of ER PRSI)
General Practice Assistant	1	€ 32,000	€ 3,536	€ 35,536