



Oifig an Stiúrthóra Cúnta Náisiúnta  
Clár Cúraim Pobail Feabhsaithe &  
Conarthaí Príomhchúraim  
Feidhmeannacht na Seirbhíse Sláinte

Urlár 2, Páirc Ghnó Bhóthar na Modhfheirme,  
Bóthar na Modhfheirme, Corcaigh, T12 HT02

Office of the Assistant National Director  
Enhanced Community Care Programme &  
Primary Care Contracts  
Health Service Executive

Floor 2, Model Business Park,  
Model Farm Road, Cork, T12 HT02

[www.hse.ie](http://www.hse.ie)

T: 021-4928512

E: [primarycare.strategy@hse.ie](mailto:primarycare.strategy@hse.ie)

**Deputy Pa Daly**

**Dáil Eireann,**

**Leinster House,**

**Dublin 2.**

**4<sup>th</sup> October 2023**

**PQ40967/23 - To ask the Minister for Health what solution will be in place for new patients seeking a GP to apply for a medical card and to sign social welfare forms, given that the HSE has indicated that it will now not assign a GP after a patient receives three or more refusals from GPs; and if he will make a statement on the matter. -Pa Daly**

Dear Deputy Pa Daly,

I refer to your parliamentary question, which was passed to the HSE for response. Patient choice of doctor has and continues to be a bedrock principle of the General Medical Services (GMS) Scheme. For the vast majority of individuals approved for either a Medical Card or GP Visit Card their choice of doctor is accommodated and they therefore are registered on the GMS panel of their doctor of choice. In 2022 (last full year data available) out of a total of circa 348,000 individuals who were approved for either a new GP Visit Card or medical Card some 3,927 (1.1%) individuals, were unable to get placed on to the GMS panel of their doctor of choice. There is another category circa. 3,701 of patient reassignments which arises in the case of existing GMS patients who may change their place of residence and look to be registered with another GP and experience difficulty with another GP to take them on. In While recognising the difficulties this can pose for individual patients, it is fair to say that the extent of the challenge is relatively small in the overall scale of the GMS service provision.

For those individuals who are unable to locate a GP, a long standing process is in place in line with the contractual arrangements, whereby individuals are enabled to access GMS services from alternative GP GMS contract holders as a result of agreement reached with individual doctors or through the Patient Assignment process as provided for under paragraph 4 of the GMS Contracts. In line with these arrangements the Health Service Executive may assign an eligible person to be included on the medical practitioner's GMS list.

It is important to confirm that this process, whereby the HSE can under the provisions of the contract assign patients to GP's, remains in place. However, in the period between the 1st of July to date the HSE was careful around the application of assignments dealing principally with urgent and priority case during that period in advance of the new arrangements which are now being implemented.

However, in the context of our learning from the operation of the existing arrangements and having regard to the implementation of the extension of eligibility of GP Visit Cards to under 8's and those on the median income it was agreed with the IMO as part of the GP Agreement 2023 to flex the existing arrangements with a view to ensuring an equitable and fair distribution of patient assignments to individual GP's and across geographies.



It is also important to note that the data on assignments indicates that currently just under 70% are between 1 and 5 cards assigned to a GP, with 95% between 1 & 10 cards assigned to a GP over a 12 month period.

The flexed arrangement provides:

- Emergency situations are dealt with as an immediate priority as always.
- 96% GP sign up to the GP Agreement 2023 will ensure that the vast majority of existing patients will have access to the service
- A cap on assignments of patients per GP in any 12 month period based on the panel size of that individual GP

Panel Size	1-500	501-1000	1001-1500	1501 +
Cap on assignments-patients per GP	6	10	13	15

- The cap will apply for a 12 month period commencing in September each year
- PCRS will operate the patient assignment process with consultation, as appropriate, with local offices
- In addition, to the foregoing a joint HSE/IMO working group is being 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 as well as impact on patients in terms of how it is being operationalised
- The operation of the flexed arrangements provides capability for the assignment of over 25,000 individuals in any one year, which when having regard to the current volume of assignments referenced earlier should be adequate
- It should be noted that the expansion of GP training and the implementation of the Non – EU doctor scheme are also of strategic importance with the increased ICGP intake of 350 trainees, together with the recruitment of 100 Non EU doctors by the end of 2023 and a planned increase of an additional 250 by the end of 2024.

I trust this is of assistance.

Yours sincerely,

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**Geraldine Crowley,**  
**Assistant National Director,**  
**Enhanced Community Care Programme &**  
**Primary Care Contracts**