**Ukrainian Humanitarian Crisis: Access to GP Services**

1. **Background and Context**

As a result of the war and resultant humanitarian crisis in Ukraine it is estimated that in excess of 3.5 million people have already fled the country to various border countries mainly Poland but also Romania, Moldova and other countries, with many more displaced within Ukraine itself. As of 27th April, 2022 official figures indicate that c.25,915 individuals have arrived in Ireland from Ukraine.

The Irish Government is currently working with EU and international partners to agree how people fleeing from Ukraine can be supported in Ireland. Modelling work is being undertaken through the national coordinating process established by Government which will provide more informed projections over time. Accordingly, the focus of this paper is centred around the immediate planning period up to the end of the summer.

Therefore, while the HSE does not have exact details yet of the volume of people that will come to Ireland, the specifics of the accommodation strategy and the consequent level of service provision that will need to be in place, the HSE is actively engaging with internal and external partners to ensure we have the data and intelligence required to effectively plan and that we are taking preparatory steps that will ensure we meet the health needs of those fleeing Ukraine.

Recognising the uncertainty around the estimated number of Ukrainians that will ultimately come to Ireland, the specifics of the accommodation strategy will be a key driver of the consequent model and level of service provision that will need to be in place. This is particularly relevant in relation to the provision of GP Services where the sustainable model will involve GPs delivering sessional clinics at the accommodation centres in approximately 80% of cases. The HSE is actively engaging with internal and external partners to ensure we have the data and intelligence required to effectively plan and that we are taking preparatory steps that will ensure the HSE maximises the Health Service response to the Ukrainian refugees.

The purpose of this document is to set out details of the framework developed by the HSE following consultation with the Irish Medical Organisation (IMO).

1. **Access to GP Services**

Provision of access to GP services forms a key part of the HSE’s overall response. This needs to be operationalised in very close co-ordination with the implementation of the Accommodation Strategy referenced earlier, with the process of issuing medical cards and appropriately registering Ukrainian refugees to access GP Services in line with the service models as set out below. The HSE established a consultation process with the IMO, who have signalled their intention to engage with the HSE in a constructive and supportive manner in meeting the challenges that arise from this humanitarian crisis. This is consistent with the collaborative and constructive role played by the IMO throughout the Covid public health emergency. Through this process with the IMO, a framework for ensuring access to GP services has been agreed as set out below.

1. ***Service Model for Ukrainian People Being Accommodated in Congregated Settings***

It is anticipated that a significant number of Ukrainian people will be accommodated in congregated settings throughout the country. As an initial planning assumption it is estimated that circa 80% the total number of people entering the country will be catered for under this model. Under this Service Model the normal GMS patient registration process will not, as a general rule, be practicable for this potentially large cohort. This notwithstanding, there may be a small minority of situations (most likely smaller centres) where GPs may prefer to register patients on their individual GMS panels. In such circumstances access arrangements will be via model (ii) as described below. For the avoidance of doubt where a GP opts to register patients on his/her GMS panel the GP will receive normal capitation and allowances for such patients in addition to the once off registration fee alluded to in (ii) below. In the interest of clarity, it should be noted that where a GP opts to register patients in centres of accommodation on his/her individual GMS panel he/she will not be entitled to receive a payment per session (or part session) as described below. However, patients in centres of accommodation who are registered on a GPs GMS panel will be taken in to account for the purpose of determining panel size for practice support subsidies and locum expense contribution payments. However, in the majority of instances two service options have been identified based on similar type arrangements that are already in existence, as follows;

1. Under this service option expressions of interest from GPs in local CHO areas, in which an accommodation centre (or centres) is located would be sought by the CHO to provide a GP general medical service based in the accommodation centre for a defined number of sessions each week. Under this model the participating GPs would be remunerated on a sessional basis at €450.00 per session. For these purposes a session will be for a duration of three hours. In circumstances where the number of consultations are such that the GP is not required to remain on site for the full three hours then payment should be for the full session as additional time will be required of the GP to do administrative work.In circumstances where the full three hours are taken up with in patient consultations the GP shall be entitled to receive payment up to a maximum of an additional one third of a session to allow him/her complete follow up administrative work. This will be remunerated on a pro-rata basis of €150.00 per such part session. As an interim arrangement, pending the processing of individual medical card applications, arrangements are in place to enable GPs to be authorised through the CHOs to use the relevant generic Medical Card number which will allow GPs issue GMS prescriptions on a protem basis. Generic Medical Card numbers may not be used for the purposes of submitting reimbursement claims to PCERS.
2. Under this service option expressions of interest from GP practices, partnerships or other relevant not for profit provider organisations operating in the local CHO in which an accommodation centre (or centres) is located would be sought by the CHO to provide a GP general medical service based in the accommodation centre(s) for defined sessions each week. Under this model the provider(s) would be remunerated on basis of a service arrangement payment schedule/grant. As an interim arrangement, pending the processing of individual medical card applications, arrangements are in place to enable the GPs would be authorised through the CHOs to use the relevant generic Medical Card number which will allow GPs issue GMS prescriptions protem. Generic Medical Card numbers may not be used for the purposes of submitting reimbursement claims to PCERS.

In relation to options (a) and (b) CHO management, mindful of the likely variation in size and scale of accommodation centres, and potential diversity in service models, will engage with the relevant individual GP(s) who will be providing services to ensure that there are appropriate supports and facilities within each settings to provide the necessary clinics. Furthermore, arrangements will be required in respect of transportation of laboratory bound samples and cold chain delivery for supply of vaccines etc.. A system will also need to be brought on stream in the larger accommodation centres to schedule appointments with the GP(s) that are aligned with the GP’s(s’) sessional arrangements in such centres. CHO management may engage with the relevant IMO GP nominee (reference Appendix 3 hereto) to ensure that above requirements are commensurate with the size and scale of the accommodation centres and fit for purpose for the service model in question.

I should point out that under the two options described above Ukrainian citizens who are being accommodated in congregated settings, while receiving a personal medical card, will not be assigned to a GP’s GMS panel. PCERS will assign a code to each such patient medical card registration the effect of which will be to disallow non-applicable PCERS GMS payments as GPs/service providers will be reimbursed through a local bespoke arrangement. In the interest of clarity, it should be noted that in such circumstances payments such as the follwing which are GMS panel size based will not be reimbursed:

capitation

practice support

nursing support

locum / leave / maternity / paternity

CDM

Under each of the above options it will also be necessary, where possible, to seek agreement from either the GP providing the clinical sessions or a local GP practice in the area that in cases where a patient falls sick outside of the agreed on-site session times and prior to any out of hours service being available that such GP would see such patients in line with their normal appointment scheduling arrangements. Such consultations should be rare and outside of the normal course. The GP in such a scenario may claim an STC for such consultation as outlined at i) above and submit same for reimbursement using the relevant email address as set out in appendix 2 hereto.

It is likely that it won’t be a case of one size fits all given local requirements, availability of GPs, number, geographical distribution and concentration of Ukrainian people entering the country etc. and it is therefore recommended that some level of local discretion is afforded to HSE managers and GPs within the above framework to proceed with the model that best suits local needs. When the service model considered to be most suited to local needs is determined Local Management should consult with the IMO and the GP/Primary Care Contracts Office in advance of its implementation. The HSE will engage with the IMO to ensure, in so far as is practicable, that processes seeking expressions of interest under the above two options are standardised and conducted in a consistent manner across the primary care operational system. At the same time, it is acknowledged that there will need to be a level of tolerance for context determined diversity in service responses for the reasons outlined above.

One of the key requirements in the Centre based operational model will be to ensure that the GPs providing the sessions have access to an accredited GP Practice Management system within the centre based consulting room(s) that provides each GP involved in the service access to patients’ clinical records to ensure continuity and safety of care etc. and to facilitate access to healthlink for clinical messaging purposes. HSE’s OCIO personnel are being requested to identify suitable options in this regard. Chaperone and translation services will also be made available where same are requested by the patient when scheduling the appointment or by the GP.

1. ***Service Model for People dispersed throughout communities***

It is anticipated that a certain proportion of people from Ukraine, particularly those arriving in earlier waves, will stay in private homes with relatives/friends or in homes/apartments etc. made available by Irish people. It is anticipated that approximately 20% of the total arriving population will require access to GP services under this service model. It is expected that, for the most part, these individuals/families will be registered with local GPs in the normal way under the GMS. In addition to normal GMS capitation rates and other GMS contract fees, such as special items of service. GPs will also receive a once off registration payment, which is currently €173.69, where they accept Ukrainian refugees on to their GMS panels. PCERS will assign a specific attribute to such patients on its client index for the purpose of enabling ease of identification of patients in respect of whom payment of the once off registration fee to the registering GP applies. These once off registration payments will therefore issue once the patient is registered on the GP’s GMS panel by PCERS. For the avoidance of doubt, the GP will receive normal capitation and allowances for such patients in addition to the once off registration fee alluded to above. These patients will also be taken in to account for the purpose of determining the GP’s panel size for practice support subsidies and locum expense contribution calculations. It should also be noted that GPs will be able to provide services to patients under the Chronic Disease Management Programme where patients fulfil the clinical criteria to be so registered.

It is proposed that pending the issuing of a personal medical card to a Ukrainian person, GPs will be allowed claim an emergency STC fee for each in person consultation provided (rate is currently €40.94). This interim arrangement will cease from the 1st of the month following the issuing of a medical card to the individual as the GPs remuneration would then transition to the normal capitation based fee arrangement under the GMS contract. The interim emergency fee arrangement should be processed within each of the 9 CHOs. A dedicated email address has been identified for each CHO and GPs will be required to supply details of in-person consultations provided. A list of such email addresses and the information required are set out in Appendix 2 hereto.

As part of the interim arrangements pending the processing of medical card applications, PCERS has issued generic Medical card numbers which will allow GPs issue GMS prescriptions. Details of generic medical card numbers are set out in Appendix 1 hereto. The benefit of having a number per CHO will allow HSE to monitor efficiency of the medical card processing arrangements and identify where there might be bottlenecks at CHO level etc. ... and to address such delays in a more targeted manner. These numbers should also be employed in the congregated accommodation settings, as described below.

It is also proposed that a network of Liaison Officers be designated in each CHO (possibly at CHN level) to function as the interface points between the Ukrainians (or advocates where applicable), local GPs, and PCERS to ensure, inter alia that applications for medical cards are expedited. This role should also ensure that patient registration with GPs is as frictionless as possible

The IMO have identified a GP for each CHO to function as a key interface point and sounding board with their respective CHO. This GP will support local HSE management in its efforts to resolve challenges in facilitating access to GP services as they arise. Details of the IMO’s GP nominees are set out in Appendix 3 hereto.

1. **GP Out of Hours Services**

It will be important that Ukrainian people who have entered the country have access to GP out of hours services for urgent unscheduled consultations in line with standard GMS contract provisions. Currently a grant system of funding of the main GP Out of Hours Co-ops (14 in all) is in place. An arrangement has been put in place, in agreement with the IMO, where the 14 Co-ops in question will submit details of in-person consultations provided to Ukrainian people and they will receive a supplementary grant based on the number of such consultations \*by the current Out of Hours consultation fee of €41.63. Co-ops will provide the individual’s medical card number as part of the Out of Hours supplementary grant claiming process and where a medical card has not been issued at the time of the consultation then the relevant generic number can be used instead. However, once a medical card has been issued they should provide the individuals medical card number for supplementary grant claiming purposes. Details of such consultations will be submitted to the HSE at [gp.contracts@hse.ie](mailto:gp.contracts@hse.ie) for processing.

Local HSE management will need to put a similar set of bespoke arrangements in place for the other out of hours arrangements that are not currently covered by the Grant arrangement.

1. **Primary Childhood Immunisation Programme (PCIP).**

Under both service models, as described above, GPs who administer the full schedule of vaccinations under the PCIP to children who have arrived in this country from Ukraine (or those PCIP vaccines that a child has not received) shall receive payment from the HSE in line with the PCIP fee schedule. Furthermore, GPs who administer outstanding PCIP vaccines to children who are outside the normal upper age range for the PCIP shall receive payment from the HSE in line with the PCIP fee schedule. GPs who wish to administer vaccines under the PCIP to Ukrainian children but do not hold a PCIP contract may apply to the HSE under a” fast track” contract application process. In line with government policy, once an individual child has a PPSN they will be enabled to access this scheme whether or not they have a medical card.

1. **Maternity and Infant Care Services**

Under both service models, as described above, GPs who provide services under the Maternity and Infant Care Scheme shall receive payment from the HSE in line with the Maternity and Infant Care Scheme fee schedule. GPs who wish to provide Maternity and Infant Care Scheme services but do not hold a contract may apply to the HSE under a” fast track” contract application process.

1. **HSE Liaison Arrangements to support Vaccination Update & Related Matters**

The HSE, under the auspices of the National Social Inclusion Unit will maintain close liaison and open communication channels with the Ukrainian community via relevant NGOs augmented by Clinical support from the Ukrainian Community including relevant Ukrainian GPs. In this context there will be a strong focus on increasing uptake of vaccination programmes such as Covid vaccinations and the Primary Childhood Immunisation Programme.

**Appendix 1: Schedule of Generic Medical Card Numbers**

|  |  |
| --- | --- |
| **CARD NO** | **CHO** |
| 2K66601A | CHO1 |
| 2K71191A | CHO2 |
| 2K71209A | CHO3 |
| 2K71218A | CHO4 |
| 2K71254A | CHO5 |
| 2K71245A | CHO6 |
| 2K71263A | CHO7 |
| 2K71272a | CHO8 |
| 2K71290A | CHO9 |
|  |  |

These numbers will enable reimbursement of pharmacies for medicines dispensed to people from Ukraine who have entered this country whilst they are applying for a Medical Card.

These numbers are only to be used as a temporary stop gap where individuals do not have a Medical card yet and every effort should be made to ensure each individual applies for and receives their own Medical Card as soon as possible.

These cards are not enabled to accept GP claims but in the event that CHOs agree services within the GP framework with individual GP contractors which may require use of a generic card the CHO should promptly communicate same to PCERS. PCERS will be authorised to enable claims from those named GP contractors.

Pre-existing generic medical card numbers provided historically to other services are not be utilised for this particular programme as the HSE needs to be able to collate and record all activity in relation to this programme.

**Appendix 2: Relevant email address for claiming STCs**

GPs should provide the following information for each claim

**Date of Birth of Patient**

**Time and Date of Consultation**

**Medical Card number (if available)**

**PRSI Number (if available)**

|  |  |
| --- | --- |
| CHO | Email Address |
| CHO 1: Donegal, Sligo/Leitrim/West Cavan, and Cavan/Monaghan | sandra.sheerin@hse.ie |
| CHO 2: Galway, Roscommon, and Mayo. | richard.Broderick@hse.ie |
| CHO 3: Clare, Limerick, and North Tipperary/East Limerick. | louisep.carey@hse.ie |
| CHO 4: Kerry, North Cork, North Lee, South Lee, and West Cork. | norah.heffernan@hse.ie |
| Area 5: South Tipperary, Carlow/Kilkenny, Waterford, and Wexford | linda.knox@hse.ie |
| Area 6: Wicklow, Dun Laoghaire, and Dublin South East | kathryn.coghlan1@hse.ie |
| Area 7: Kildare/West Wicklow, Dublin West, Dublin South City, and Dublin South West | kathryn.coghlan1@hse.ie |
| Area 8: Laois/Offaly, Longford/Westmeath, Louth, and Meath | theresa.kennedy@hse.ie |
| CHO 9: Dublin North, Dublin North Central, and Dublin North West | mary.rochford@hse.ie |

**Appendix 3: Details of the IMO’s GP nominees**

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| **GP Name** | **CHO** |
| **Dr Denis McCauley** | **1** |
| **Dr Martin Daly** | **2** |
| **Dr Michael Kelleher** | **3** |
| **Dr Mike Thompson** | **4** |
| **Dr Tadhg Crowley** | **5** |
| **Dr Knut Moe** | **6** |
| **Dr Mark Murphy** | **7** |
| **Dr Padraig McGarry** | **8** |
| **Dr Ray Walley** | **9** |