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**Date:** 2nd October 2020

**HSE Reference-** NCO-13-2020

**Social Deprivation Practice Grant Support under the GP Agreement:**

Dear Doctor,

Under the GP Agreement reached between the Irish Medical Organisation and the Health Service Executive and Department of Health in June 2019, funding has been allocated to support and maintain GP services for communities with a high degree of social deprivation.

GP Practices serving such communities will now be eligible to apply for a social deprivation support grant.

**1. Minimum Application Criteria:**

General Practices that are in receipt of rural practice supports are not eligible to apply for the social deprivation support. The grant is a practice support and does not attach to the individual GP but to the entire practice. The main centre of practice should be in an urban area. For clarity, urban is defined using the CSO definition as having a population of 1,500 or more. Practices must have a minimum practice size of 350 GMS patients (for the purpose of this document a GMS patient is a holder of a Medical Card and excludes DVC holders) in order to be eligible to apply for the grant. Practices must also have a minimum number of 200 GMS patients living in disadvantaged areas (using Pobal indices) to qualify for the allowance. All patients in long-term care facilities will be excluded from this exercise as the address of the nursing home/care centre may create a distortion in terms of trying to assess the true socio/economic profile). Practices should note that these are minimum criteria for application and do not in themselves confer eligibility for grant support.

**2. Social Deprivation Grant System for 2020**

Grants will be provided to up to a hundred practices using the ranking criteria set out in section 5.

In 2020, each approved applicant practice will receive an allowance of between €7,500 and €12,500. The amount payable will be determined in accordance with the section below entitled Allowance Amount.

**3. What can the Social Deprivation grant be used for?**

The grant may be used for costs incurred for Doctor Hours, nursing hours, key worker hours or additional counseling hours. It shall be a matter for the practice to ensure that the staff are suitably

qualified, registered with the relevant professional body (where required) and are appropriately indemnified (where appropriate). These are examples only and are not exhaustive but highlight that the grant must be used for additional services and associated costs. It cannot be used for stand-alone equipment or other practice expenses, running costs etc. **The grant cannot be used towards staff for which the practice is already in receipt of practice supports from the PCERS e.g. practice nurse subsidy, practice secretary or practice manager subsidy.** The grant must be vouched and receipts for hours employed must be returned to the HSE National Contracts Office by the end of January 2021. Where there is an unused portion of the grant or a portion that is not vouched, the practice shall repay any unused/un-vouched amount to the HSE.

#### **4. Application Process:**

GPs are required to complete the attached application form and return it to the National Contracts Office by email to [urban.deprivation@hse.ie](mailto:urban.deprivation@hse.ie) on or before **16<sup>th</sup> October 2020**. As part of this application process, please refer to Mapping Guide below. The HSE reserves the authority to have the mapping carried out in support of an application audited at a future date and the practice shall fully co-operate with the HSE in this regard. A record of the application should be kept by the practice. An automated e-mail acknowledgement will issue to the practice from the National Contracts Office. **Only one application per practice should be submitted, as the grant is a practice support that applies to the practice and not to the individual GPs.** Group practices should nominate one GP to complete the application and be responsible for it. The grant will be paid under the GMS number of the nominated GP.

#### **5. Ranking System**

Each application that is received will be awarded a rank as per the criteria below:

1. Absolute number of their GMS patients (excluding DVC patients and patients in nursing home other care facilities) living in extremely disadvantaged areas, very disadvantaged areas and disadvantaged areas.
2. The percentage of their GMS patients (excluding DVC patients and patients in nursing home other care facilities) living in extremely disadvantaged areas, very disadvantaged areas and disadvantaged areas.
3. The number of their medical card patients (excluding DVC patients and patients in nursing home other care facilities) living in extremely disadvantaged areas, very disadvantaged areas and disadvantaged areas divided by the number of FTE GP's.

These scores will be combined to give a practice rank that will be used to determine the awarding of the grant. In the event that two or more practices have the same, score having taken into account all three criteria, then the practice with the higher absolute number of patients (excluding DVC patients and patients in nursing home and other care facilities) living in extremely disadvantaged areas, very disadvantaged areas and disadvantaged areas will rank higher. In the event that the score is still the same then the practice with the highest percentage of their GMS patient patients (excluding DVC patients and patients in nursing home and other care facilities) list living in extremely disadvantaged, very disadvantaged or disadvantaged areas will rank higher.

The size of the grant will be based on the absolute number of patients living in extremely disadvantaged, very disadvantaged or disadvantaged areas (excluding DVC patients and patients in nursing home and other care facilities) and for 2020 this will be divided into three bands with practices with smaller numbers of patients receiving the lower grant to reflect the absolute numbers of disadvantaged patients being managed in the practice.

The following is an example of how the ranking system would work with five applicant practices where there are four grants available:

	Total Number of Medical Card Patients*	Number of Medical Card Patients in Extremely Disadvantaged, Very Disadvantaged and Disadvantaged Areas	Rank	Percentage of GMS list in extremely disadvantaged, very disadvantaged or disadvantaged areas	Rank	Number of Relevant Patients*/ Number of FTE GPs	Rank	Total Score (Lowest Total Score Ranks Highest)
Practice 1	1000	263	2	26.3%	2	263/2=131.5	3	8
Practice 2	800	240	3	30%	1	240/1=240	1	5
Practice 3	2000	364	1	18.2%	5	364/3=121.3	4	10
Practice 4	1000	193	4	19.3%	4	193/2=96.5	5	13
Practice 5	700	155	5	22%	3	155/1=155	2	10

\*This should be GMS medical card patients only and should not include DVC patients and patients in nursing homes and other care facilities in any of these categories.

In the example above, Practice 2 ranks highest overall. Practice 5 and practice 3 score equally with a score of 10 but as practice 3 has the highest number of patients living in Extremely Disadvantaged, Very Disadvantaged and Disadvantaged Areas then this practice would rank above practice 5.

## 6. Appeals Process

The nominated GP may within 15 working days of being informed of the decision of their application make an appeal by email to the following address [urban.deprivation@hse.ie](mailto:urban.deprivation@hse.ie)

## 7. Grant Amount

Grant amounts are payable for qualifying practices in the below amounts and are based on the absolute number of patients living in disadvantaged areas. A practice must first qualify through the ranking system before it is determined which band they will come under and receive the corresponding grant amount.

Number of Patients in Disadvantaged Areas	200-400	401-800	800+
Grant for 2020	€7,500	€10,000	€12,500

## 8. System for Future Years:

The cost of the support in future years must be in line with approved funding parameters. Successful applicants in 2020 should be aware that there is no guarantee that they will continue to be in receipt of the support beyond 2020. Under the new ranking criteria at that time and given changing demographics and patient populations it is anticipated that there may be some change in those in receipt of the allowance in 2021.

In 2021, GPs who qualify for the social deprivation financial support will receive an annual allowance of between €15,000 and €25,000. A ranking system using additional deprivation information and PCERS data collated through the Health Intelligence Unit is being developed by the HSE and it is expected that this system will be in place for 2021. This new system will give a ranking score for each practice with qualifying GP practices then receiving an annual grant.

Yours sincerely,



**Geraldine Crowley**  
**Assistant National Director,**  
**Primary Care Strategy and Planning**

## Guide to mapping urban deprived practices:

**Step 1:** Access your full GMS list [this does not include DVCs]

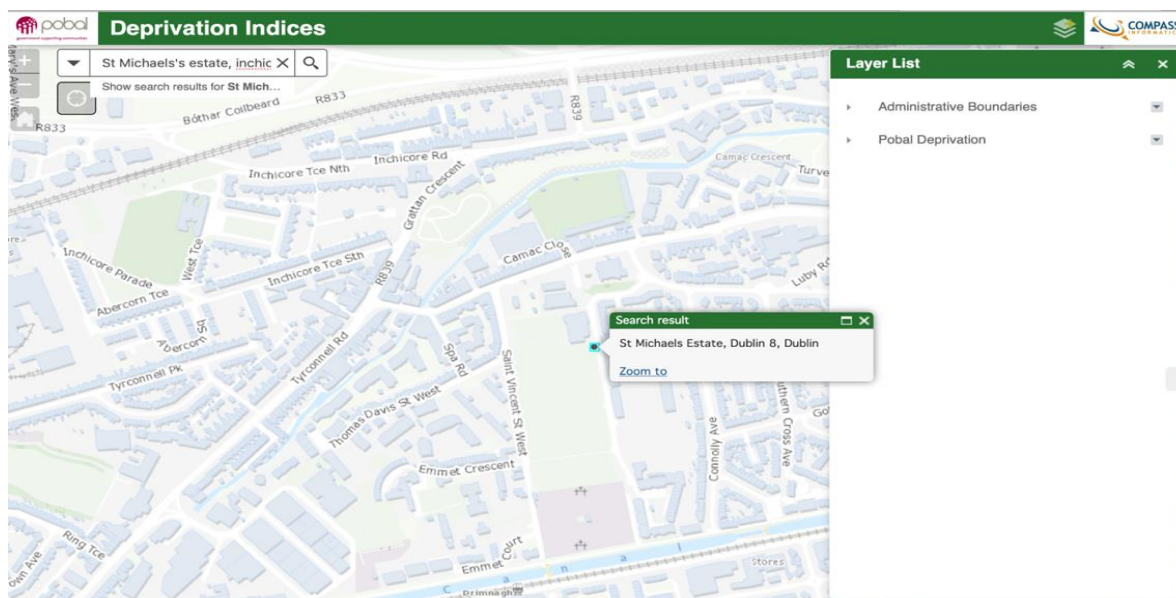
Note the total number of patients on the GMS list for all doctors in the practice

Note number of full-time equivalent GPs in your practice (defined as 9+ sessions per week) and please include all doctors working in the practice

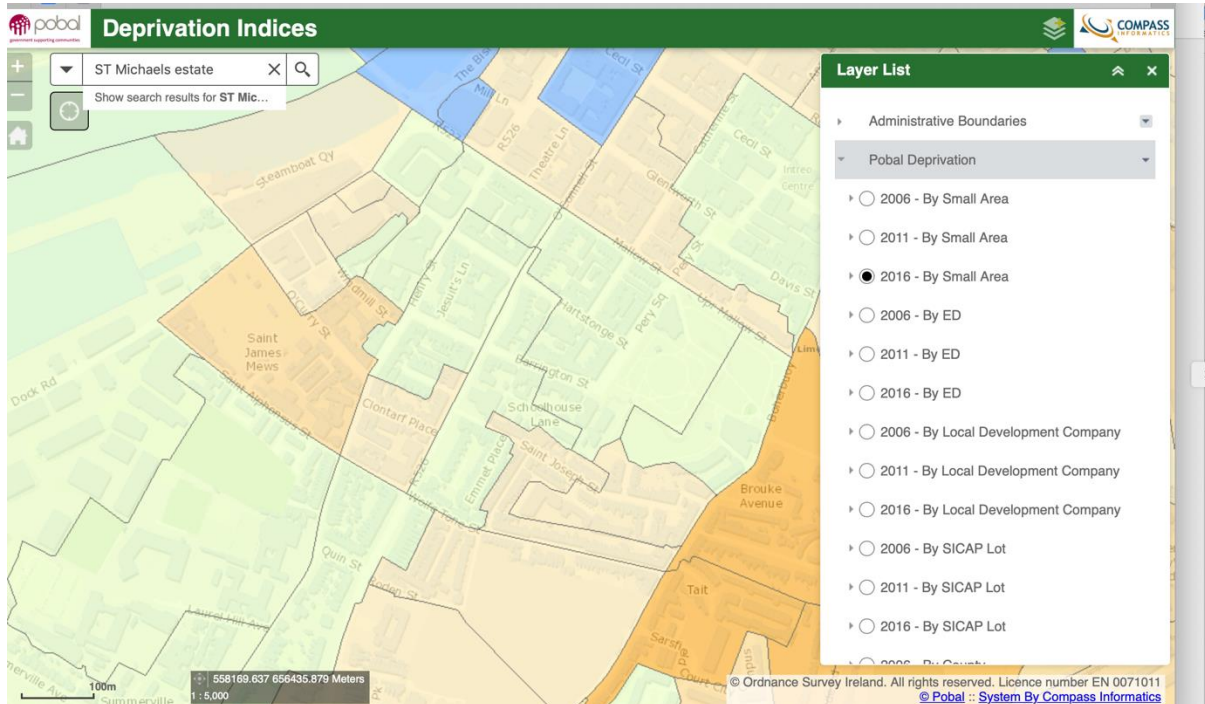
**Step 2:** Go to Deprivation map <https://maps.pobal.ie/WebApps/DeprivationIndices/index.html>



**Step 3:** Put in your practice location in search bar in right hand top corner (you may need to zoom out for a better view)

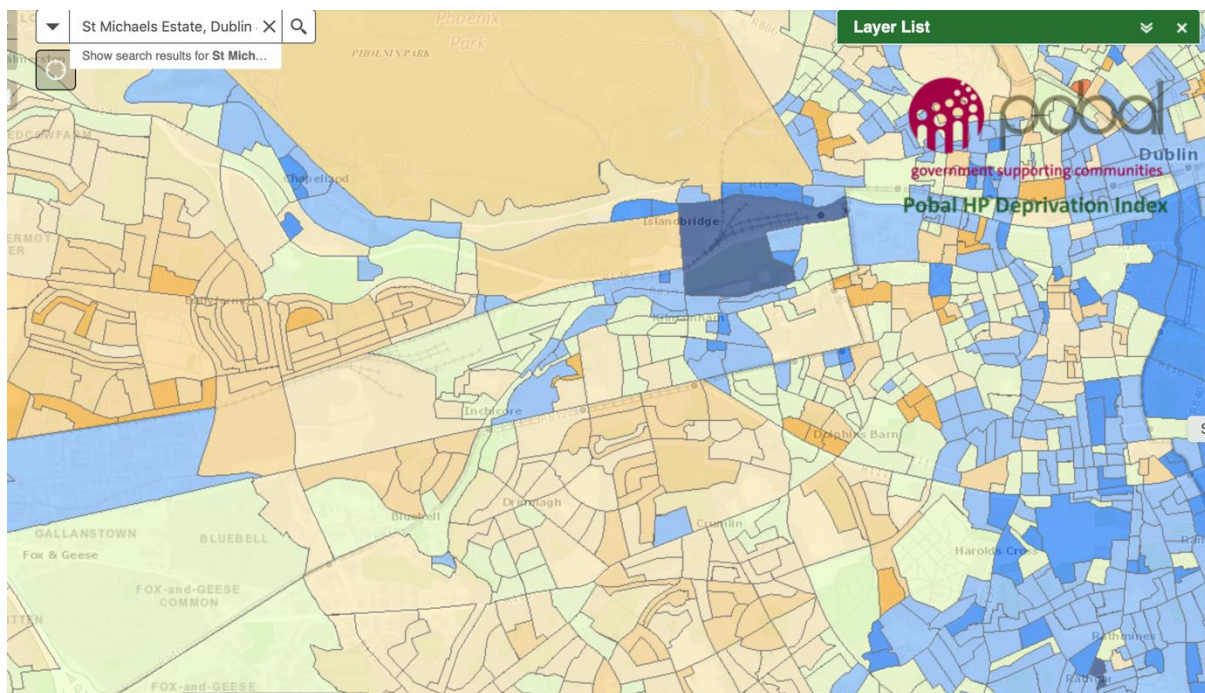


**Step 4:** Open up drop down menu for 'Pobal Deprivation' and select to view it by small area 2016 data:



Example:

2016: By small area



**Colour code:** [This can be found by clicking on the arrow beside the '2016: By small area']

Red: Extremely disadvantaged (very few of these)

Dark orange: very disadvantaged

Peach: disadvantaged

Pale peach: marginally below average

Pale green: marginally above average

Blue to purple: scales of affluence

**Step 5:** Note and count number of patients on your GMS list living in disadvantaged, very disadvantaged or extremely disadvantaged areas (red, dark orange and peach – not pale peach)

Note this number.

This can be done online in an excel file by highlighting the patients with addresses in these areas or can be done on a printed out GMS list using a highlighter. See more detailed instructions below.

### **MAPPING YOUR GMS LIST: HealthOne Pilot practice**

Select GMS in the selector and all the GMS patients will appear.

You could then print this list if its practical or you can export it to Excel.

Pilot practice list is 3000 and at 30 per page that would be 100 pages and in these circumstances, exporting to excel is the easier option.

Move across the columns to “address” (beside the numbers column on the left) you can then go down the list and click on each number you want and highlight it, using the highlighter button (beside the A with red line under it):

You can do this in large numbers by keeping the control button pressed, click each number you want, then go up to the yellow highlighter and they will all turn yellow at the same time.

You can then count the number of yellows.

Pilot practice 1: It took 2 hours to go through 1000 patients. Most of the addresses will be familiar to you and if you have a number of estates in a deprived area that will be easy enough. It may be slightly more difficult where an estate is half in a deprived area and half out and you may have to check back on the deprivation map in these circumstances

### **In summary, for the application for your practice, you will record:**

Number of full-time equivalent GPs in your practice (defined as 9+ sessions per week)

Total number of patients on GMS list

Total number of active patients in your practice

Total number of patients living in any of the three categories of disadvantaged areas