



Oifig an Straitéis Chúraim Phríomha agus an Phleanála Stiúrthóir Cúnta Náisiúnta

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Date: 9th October 2020

Circular Number: NCO-14-2020

Arrangements for the Provision of Services under the Health Act 1970 (as amended) and the Health (General Practitioner Service) Act, 2012

Dear Doctor,

I refer to Circular number NCO-02-2020 dated 13th January 2020 in which I set out the details of the 2019 GP Contractual Reform and Service Development Agreement with particular reference to additional Special Items of Service. Under said Agreement, as subsequently outlined in Statutory Instrument 692 of 2019 and in recognition of the onerous workload demands arising from the GPs involvement in the Examination of a person and making a recommendation for that person to be involuntarily admitted to an approved Centre under Section 10 of the Mental Health Act 2001, GPs will be able to claim a fee of €150.

General Practitioners, who have entered into the new Agreement, should complete the attached form and provide a:

- a. Medical Card Number/ GP Visit Card Number (GMS),
- b. Drugs Payment Scheme (DPS) Number,
- c. Long Term Illness Number (LTI) or,
- d. Health Amendment Act (HAA) Number.

where the patient holds same.

Include the patient's PPS Number in instances where a patient does not hold any of the above numbers.

Completed forms should be scanned to PCRS.GPAdmissions@hse.ie. On receipt of same the HSE PCRS Doctors Unit will contact the relevant designated Mental Health Administrative Officer at the specified approved centre for approval.

Approved application forms will be processed and reimbursed with the next payment becoming due and listed accordingly on your itemised listing.

It is a fundamental feature of this agreement that General Practitioners will not make any charge on patients or their advocates for any element of the involuntary admission. For the avoidance of doubt, the involuntary admission fee will not attract an Out of Hours fee.

Claims for an examination of a person and making a recommendation for that person to be involuntarily admitted to an Approved Centre must be submitted within 30 days of providing the

service. To ensure payments for such services undertaken between the 1st of January 2020 and the 31st of October 2020 are processed Claims should be submitted to PCRS PCRS.GPAdmissions@hse.ie on or before the 30th of November 2020.

Yours sincerely,



Geraldine Crowley

Assistant National Director, Primary Care Strategy and Planning



Registered Medical Practitioner Claim Form

For an Examination of a person and making a recommendation for that person to be involuntarily admitted to an approved Centre under Section 10 of the Mental Health Act 2001

Payment is dependent on completion of a Statutory Form 1 or Form 2 or Form 4 with a completed Statutory Form 5.

Client Date of Birth: _____/_____/_____ Client Initials: _____

Gender: Male Female

ID Reference of client: (Patient Health ID: GMS, DPS, LTI, HAA, PPSN)

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GP GMS Number:

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Medical Practitioner Name: Practice Address:

Practice Phone Number: Practice Eircode:

Application Form for a recommendation for Involuntary Admission of an Adult (to an Approved Centre) received from:

(Please tick relevant box)

Form 1- Spouse or Civil Partner or Relative
Form 2 – Authorised Officer
Form 4- Any other Person

Examination completed under Section 10 of the Mental Health Act 2001

Form 5- Recommendation (Completed)

Date of Examination: _____/_____/_____ Time of Examination: _____am/pm

Name of approved centre that patient was recommended to be admitted to: _____

I am not a person disqualified from making a recommendation for reasons set out in Section 10 (3) of the Mental Health Acts 2001 to 2018

I hereby certify that the above claim is true and accurate.

Signed: _____ Date: _____
Medical Practitioner



The details above will be subject to validation with relevant designated Mental Health Administrative Staff Member.

Scanned copy of completed form to be submitted via email to PCRS.GPAdmissions@hse.ie

For HSE official use only: Validated with Mental Health Administrative Staff Member at Specified Approved Centre

Printed Name _____ Signature _____

Date: _____ Approved Centre Name: _____