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**Date:** 13<sup>th</sup> January 2020

**Circular Number:** NCO-04-2020

**Arrangements for the Provision of Services under the Health Act 1970 (as amended) and the Health (General Practitioner Service) Act, 2014.**

Dear Doctor,

I refer to Circular number NCO-01-19 dated 04<sup>th</sup> June 2019 in which I set out the details of the GP Contract Agreement which was concluded earlier this year by the Department of Health, the Health Services Executive (HSE) and the Irish Medical Organisation (IMO), hereinafter referred to as the Agreement.

The Agreement encompasses three distinct strands as follows;

- i. Fee increases under the General Medical Services (GMS) contracts (i.e. Medical Card and GP Visit Card Capitation Contracts) in return for the delivery by holders of said Contracts of the package of Service Modernisation and Reform Measures outlined in the Agreement. Additional funding of €131.5m is being allocated over the period 2019 to 2022 for these fee increases. The first phase of the fee increases was introduced from 1st July, 2019 for those GMS contract holders to whom the Modernisation and Reform measures provided for in the Agreement apply.
- ii. Service Developments – Introduction of an Integrated Model of Structured Chronic Disease Prevention and Management and additional Special Items of Service. Additional funding of €80m will be allocated for these Service Developments over the period 2020 – 2023.
- iii. Eligibility- (extension of eligibility to GP Care without fees will be the subject of further engagement between the Parties).

The purpose of this Circular is to provide you with details pertaining to phase 1 of the Chronic Disease Management Programme that will commence from January, 2020.

**Introduction of Phase 1 of the Chronic Disease Management Programme**

The first phase of the Chronic Disease Management Programme for adult GMS patients aged 75 years and over who have a diagnosis of Asthma, Type 2 Diabetes and/or Chronic Obstructive Pulmonary Disease (COPD) and/or Cardiovascular Disease including stable Heart Failure, Ischaemic Heart Disease, Cerebrovascular Disease (Stroke/TIA) and Atrial Fibrillation will be introduced from January, 2020. This will involve the completion of a number of essential enabling measures in the early weeks of 2020 such as the rolling out of GP practice management systems' reconfiguration to facilitate integrated submission of data returns by GP practices to the HSE and the return of "Opt In" confirmation forms from GMS GPs who wish to provide this new service. Once these measures are effectively implemented GPs can then commence the process of scheduling patient visits under the Programme.

It should be noted that eligible patients aged 75 years and over who are registered under the Diabetes Cycle of Care and the Heartwatch Programme will need to be transitioned on to the new Chronic Disease Programme. Payments under the Diabetes Cycle of Care and Heartwatch Programme will cease for such patients from the month that the first data return under the Chronic Disease Programme is received from the GP by the HSE's PCERS provided that the data return is received by the HSE during the calendar month following the first scheduled visit under the new Chronic Disease Management Programme, otherwise payments under the pre-existing programmes will be deemed to have ceased on the calendar month that the first scheduled visit occurred.

To support patients in managing their chronic condition(s) there are two scheduled reviews in a 12 month period as set out in the Agreement. It is envisaged that each of the twice yearly scheduled reviews will require a visit to the GP and to the practice nurse. The scheduled reviews will be planned so they are of optimal value to the patients and the practice team, for example, if the patient is having a consultation visit with the GP any planned investigations will be carried out at the practice nurse visit prior to the GP consultation thereby ensuring that results of such investigations are available to the GP for each scheduled review. You should ensure that there is an interval of at least four months between each such scheduled review over a rolling twelve month period.

You will be required to submit a data return to the HSE, in the required format, following each of the scheduled reviews through your GP Management System. Reimbursement will issue to you from the HSE's Primary Care Eligibility and Reimbursement Service (PCERS) following receipt of each data return.

This new service development is being introduced on an "opt in" basis for GMS Contract Holders to whom the Service Modernisation and Reform Measures outlined in the Agreement apply.

### **Nursing Support**

In recognition of the additional workload arising for GP Practices under the Chronic Disease Programme dedicated funding has been provided for in the Agreement to support the enhancement of Practice Nurse Capacity. This funding will be allocated on a phased basis in line with the roll out of the Programme over the period 2020-2023. The IMO, Department of Health and HSE are working towards refining the nursing support system for chronic disease management for future years and extensions of the Chronic Disease Programme. However for the phase 1 roll out in 2020 a once off grant will be paid to GPs in the 2<sup>nd</sup> half of 2020 which will be based on the number of eligible patients aged 75 years and over who are registered with the practice under the CDM Programme and in respect of whom at least one data return has been received by the HSE on or before the 1<sup>st</sup> of July 2020. The grant payable per participating GMS GP will be calculated based on the number of such patients multiplied by €28.75. For example, a GMS GP who has submitted at least one data return on or before 1<sup>st</sup> of July 2020 for 150 patients will receive a once off grant of €4,312.50 in 2020 (i.e. 150 X €28.75).

Full details of the Chronic Disease Management Programme, including model of care, scope of service, obligations on GMS Contract Holders and data return specification can be viewed at <https://www.hse.ie/eng/about/who/gmscontracts/2019agreement/>. The fee structure and fee rates for the Chronic Disease Management Programme are set out in **Appendix 1, Table 1** to this Circular.

Opportunistic Case Finding and the Annual Preventive Programme for patients at high risk of cardiovascular disease or diabetes are scheduled to be introduced from 2021.

If you wish to provide the Chronic Disease Management Programme in accordance with the agreed terms, conditions and standards, as set out in the Agreement, please complete and sign the attached “Opt in” Confirmation Form (also available at above mentioned weblink) and return it, preferably by email, to the HSE using the following email address [gp.agreement@hse.ie](mailto:gp.agreement@hse.ie) or alternatively by registered post to HSE, National Contracts Office, St Loman’s Hospital Campus, Delvin Road, Mullingar, Co. Westmeath, N91 X36E. The Form should be returned to allow the HSE make the necessary arrangements to ensure you are correctly recorded as having opted to provide this new service commencing with eligible patients aged 75 years and over. The HSE will issue an acknowledgement following receipt of each “Opt In” Form.

You will also note the requirement on the “Opt In” Form for you to indicate which GP Practice Management System is in use in your practice. I should be obliged if you could complete this section of the Form as this will allow the HSE to communicate with your software Vendor, thereby enabling them to prioritise the deployment of necessary software upgrades to the GPs that have agreed to participate in the CDM Programme. Such software updates/enhancements to support the needs of the CDM Programme have been fully funded by the HSE, and will not give rise to any related software development, maintenance or support costs for the individual GP.

The HSE looks forward to continuing the implementation of the terms of the Agreement including the new Service Developments provided for therein, in collaboration with General Practice during 2020 and subsequent years.

**Yours Sincerely,**

A handwritten signature in black ink, appearing to read 'Pat Healy', written in a cursive style.

**Pat Healy**  
**National Director,**  
**Community Strategy and Planning**

## Appendix 1

**Table 1- Chronic Disease Management**

<b>Description</b>	<b>Amount</b>
Annual fee payable in respect of eligible patient (aged 75 years and over) with one of the chronic conditions listed in the Agreement of 2019	€210
Annual fee payable in respect of eligible patient (aged 75 years and over) with two of the chronic conditions listed in the Agreement of 2019	€250
Annual fee payable in respect of eligible patient (aged 75 years and over) with three or more of the chronic conditions listed in the Agreement of 2019	€300

Note: As advised in this Circular you will be required to submit a data return to the HSE, in the required format, following each of the scheduled reviews through your GP Management System. Reimbursement of 50% of the relevant annual fee, as set out in Table 1 above, will issue to you from PCERS following receipt of each data return.

**Service Developments - Chronic Disease Management  
Opt In Form**

I Dr \_\_\_\_\_ hereby confirm that I have read the contents of Circular NCO-04-2020 of 2020 pertaining to the Agreement reached between the Department of Health, the Health Service Executive and the Irish Medical Organisation of 2019.

I further confirm that;

1. I wish to provide the Chronic Disease Management Programme to eligible patients with one or more of the Conditions in accordance with the Model of Service as outlined in the Agreement of 2019 commencing in Phase 1 with eligible patients aged 75 years and over.

and

2. I accept that the obligations arising for me under the Chronic Disease Management Programme as set out in the Agreement form part of my GMS Contract(s) with the HSE pursuant to Clause 41 therein.

and

3. I consent to the HSE advising my GP Practice Manager Software Vendor (as indicated below) that I will be providing the Chronic Disease Management Programme.

**Socrates**     **Helix Practice Manager**     **HealthOne**     **Complete GP**

*\*Please indicate which Practice Management System is in use in your practice by ticking the appropriate box.*

**GMS Number:**

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**Medical Council Number**

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**Practice Name (where applicable) & Address:**

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**Practice Eircode:**

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**Signed by the Contractor:**

**Date:**

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**Printed Name:**

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<b>General Practitioner Stamp</b>
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