



An Stiúrthóireacht um Sheirbhísí
Aonad Cúram Príomhúil,
Ospidéal N. Lómáin
An Mhuileann gCearr, Co. na hIarmhí
Teil: (044) 93 95519 FACS: (044) 93 97445

National Contracts Office,
Primary Care Unit,
St Loman's Hospital,
Mullingar, Co. Westmeath
Tel: (044) 93 95519 Fax: (044) 93 9745

24th September, 2021.

Circular Number: NCO-10-2021

Re: Chronic Disease Management Programme – Practice Nurse Support 2021

Dear Doctor,

1. Introduction

As you will be aware the joint HSE, Department of Health and IMO GP Agreement of May, 2019 provides for a significant multi-annual investment in General Practice in terms of increases in fee rates under the GMS Capitation Contract, the introduction of new services such as Structured Chronic Disease Management in General Practice, implementation of service modernisation and reform measures in General Practice and the introduction of measures aimed at sustaining General Practice in the years ahead.

The purpose of this circular is to inform you of the arrangements pertaining to the Chronic Disease Management Programme Practice Nurse grant payment in 2021 to augment Practice Nursing capacity.

2. Nursing Support

In line with the objectives of the original Agreement, to augment Practice Nursing capacity, a grant of €28.75 per registered eligible patient for two reviews in a 12 month rolling period for CDM or Modified CDM (MCDM) in respect of Practice Nurses will be paid in 2021. This is provided that all due data returns for eligible patients registered during 2020, have been submitted within 12 months from the first review and submitted on or before the 30th of September, 2021 at 23:59:00.

For new registrations of eligible patients occurring during 2021, the grant payment will be made provided that at least one data return has been received by the HSE in respect of the registered eligible patient on or before the 30th of September 2021 at 23:59:00.

The Practice Nurse grant payment is set out in Appendix 1 Table 1 of this Circular.

If you have not yet opted in to provide the CDM Programme and wish to do so in accordance with the agreed terms, conditions and standards, as set out in the 2019 Agreement, please complete and sign the “Opt In” Confirmation form included in Appendix 2 of this Circular also available at <https://www.hse.ie/eng/about/who/gmscontracts/2019agreement>

and return, by email, to the HSE using the following email address gp.agreement@hse.ie. The “Opt in” Forms will only be accepted by email. The HSE will issue an acknowledgement following receipt of each “Opt In” Form. You must receive an acknowledgement from gp.agreement@hse.ie before registering any patients on the CDM Programme.

If you have already submitted a CDM Opt In Form to the HSE there is no need to do so again.

May I take this opportunity to thank you and your Practice Staff for your efforts in implementing the GP Agreement in your practice and I look forward to your continued cooperation in this regard going forward.

Yours sincerely,



**Pat Healy,
National Director,
Clinical Programme Implementation &
Professional Development**

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Appendix 1:

Table 1- Practice Nurse Grant

Services rendered under the General Medical Services Scheme - Agreement of 2019 – Practice Nurse Grant		
1.	Practice Nurse Grant per patient registered for Chronic Disease Management Programme or Modified Chronic Disease Management.	€28.75

Note: Eligibility for receipt of Practice grant is subject to the conditions as set out in the Circular above.

Appendix 2:

**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.
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:

Medical Council Number

Practice Name (where applicable) & Address:

Practice Eircode:

Signed by the Contractor: _____ **Date:** _____

Printed Name: _____

General Practitioner

