



Oifig an Straitéis Chúraim Phríomha agus an Phleanála  
Stiúrthóir Cúnta Náisiúnta  
HSE, Uirlár 2, Páirc Ghnó Samhail, Model Farm Road, Corcaigh  
Tel: 021-4928512 R: [primarycare.strategy@hse.ie](mailto:primarycare.strategy@hse.ie)

Office of the Assistant National Director Primary Care  
Strategy and Planning  
HSE, Floor 2, Model Business Park, Model Farm Road, Cork  
Tel: 021-4928512 Email: [primarycare.strategy@hse.ie](mailto:primarycare.strategy@hse.ie)

**Date:** 27<sup>th</sup> of January 2023

**HSE Reference-** NCO-03-2023

### **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.

**The application process for GP Practices serving such Communities for Grant Process 2023 is now open. Funding allocation for 2023 will cover the period 1<sup>st</sup> of January 2023 to 31<sup>st</sup> of December 2023. All new application or applicants who previously received a grant will be required to submit a new Application for Assessment.**

#### **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 a town/city 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 Doctor Visit Card (DVC) holders (*for the avoidance of doubt a DVC patient includes an under 6 patient registered with a GP in the applicant practice and therefore, such patients are also excluded*). 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)**. All patients in long-term care facilities such as Nursing homes or other residential care settings are to be excluded from this exercise as the address of such facilities may create a distortion in terms of trying to assess the true socio/economic profile of the community served by the applicant practices.
- Practices should note that these are minimum criteria for application and do not in themselves confer eligibility for grant support.
- All GMS GPs in practices applying for the Social Deprivation Grant must be subject to the terms of the GP Modernisation and Reform Agenda as set out in the 2019 Agreement.

## 1. Social Deprivation Grant System for 2023

Each successful applicant practice will receive an allowance the amount of which will be dependent on the number of applications received and the overall grant allocation for 2023. The amount payable will be determined in accordance with the section below entitled Grant Amount and will range from €7,500 to €12,500.

## 2. What can the Social Deprivation grant be used for?

The grant may be used for costs incurred in engaging additional medical personnel, additional nursing hours, additional key worker hours, additional counselling hours or additional practice admin hours (i.e. Relevant Costs). 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). However, for the avoidance of doubt the grant cannot be used to make payments to GPs in the practice who hold GMS Contracts. 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, IT or running costs etc.

The grant cannot be used to cover costs of practice nurses and/or practice secretaries contracted hours for which a subsidy is already in payment. However, the practice may include the cost of additional hours for such staff under this grant provision.

Where there is an unused portion of the grant or where Certified Memos are not received, the practice shall repay any unused amount to the HSE.

## 3. Practices in receipt of Social Deprivation Grant

GP Practices who complied with the 2021/2022 Application Process and who submitted a **Certified Memo** (as per Circular NCO-04-2022) will be eligible to proceed for Application for grant allocation under the 2023 Application Process.

## 4. Application Process:

All applicants are required to complete the attached application form and return the form to the National Contracts Office by email to [urban.deprivation@hse.ie](mailto:urban.deprivation@hse.ie) on or before **14<sup>th</sup> of February 2023**. 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 **GMS** 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 (i.e. GP's in the practice who hold a GMS Contract in their own right).

Applicants will be assigned scores based on each of the above criteria which will be combined to give an overall practice rank that will be used to determine the awarding of the grants. In the event that two or more practices have the same overall score, and having taken into account all three criteria, then the practice with the higher absolute number of GMS 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.

*\*For the avoidance of doubt the GMS patients exclude DVC patients and under 6 child patients registered with a GP in the applicant practice\**

The size of the grant will be based on the absolute number of GMS patients living in extremely disadvantaged, very disadvantaged or disadvantaged areas (excluding DVC patients and patients in nursing home and other care facilities) and for 2023 this will be divided into three bands with GMS practices with smaller numbers of patients receiving the lower grant to reflect the absolute numbers of disadvantaged GMS 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)
<b>Practice 1</b>	1000	263	2	26.3%	2	$263/2=131.5$	3	8
<b>Practice 2</b>	800	240	3	30%	1	$240/1=240$	1	5
<b>Practice 3</b>	2000	364	1	18.2%	5	$364/3=121.3$	4	10
<b>Practice 4</b>	1000	193	4	19.3%	4	$193/2=96.5$	5	13
<b>Practice 5</b>	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 GMS patients living in Extremely Disadvantaged, Very Disadvantaged and Disadvantaged Areas then this practice would rank above practice 5.

## 6. Grant Amount

Grant amounts are payable for qualifying practices in the below bands which are based on the absolute number of GMS 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	Band 1 200-400	Band 2 401-800	Band 3 800+
Grant for 2023	€7,500	€10,000	€12,500

## 7. 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)

The HSE looks forward to receiving grant applications from applicant practices for the 2023 allocation period on or before the deadline of **14th of February 2023.**

GPs will be contacted in due course to advice of their status following the application process.

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]

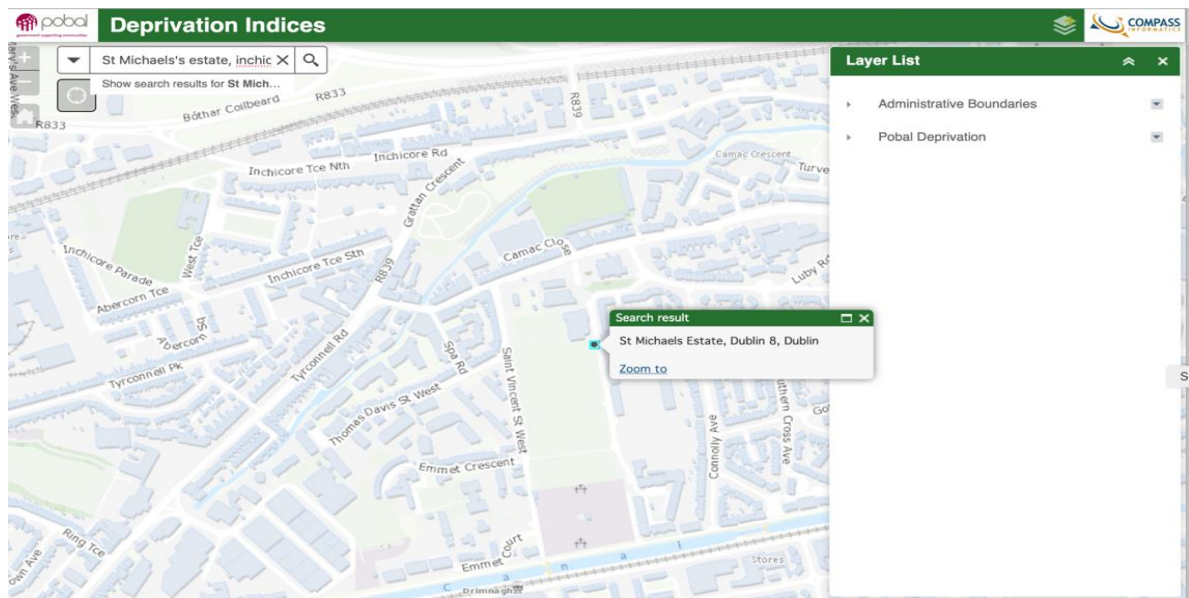
Note the total number of patients on the GMS list for all doctors in the practice

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

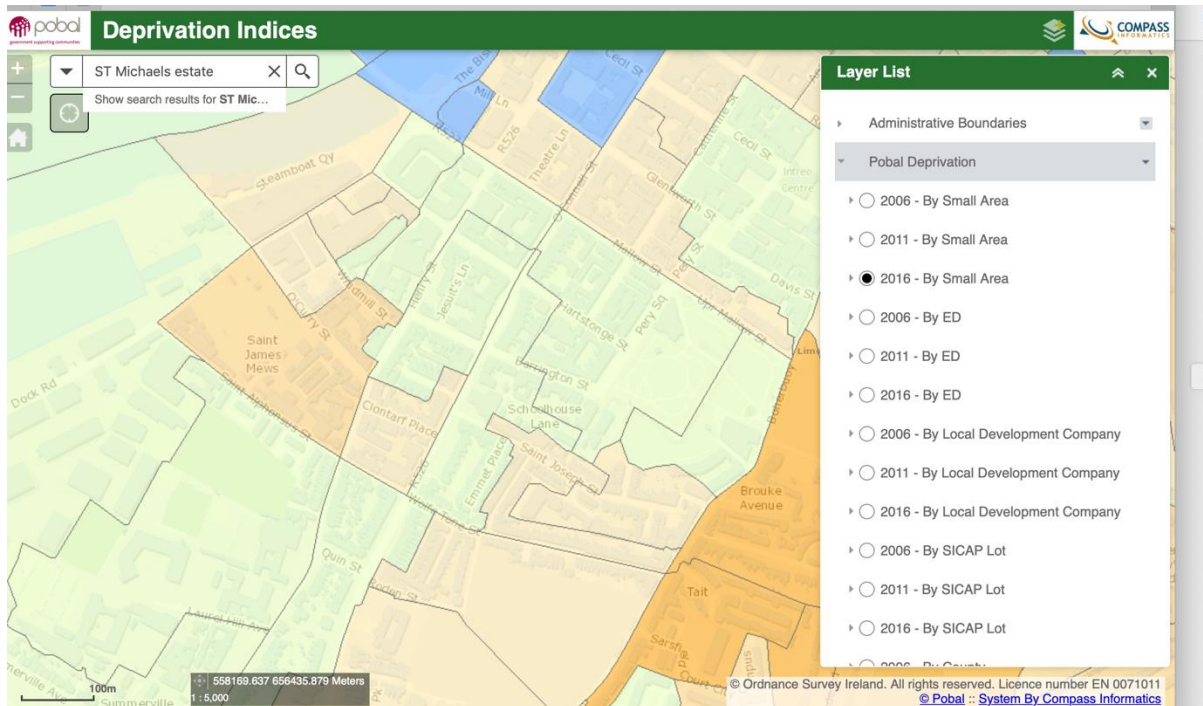
**Step 2:** Go to Deprivation map <https://maps.pobal.ie/WebApps/DeprivationIndices/index.html>



**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)

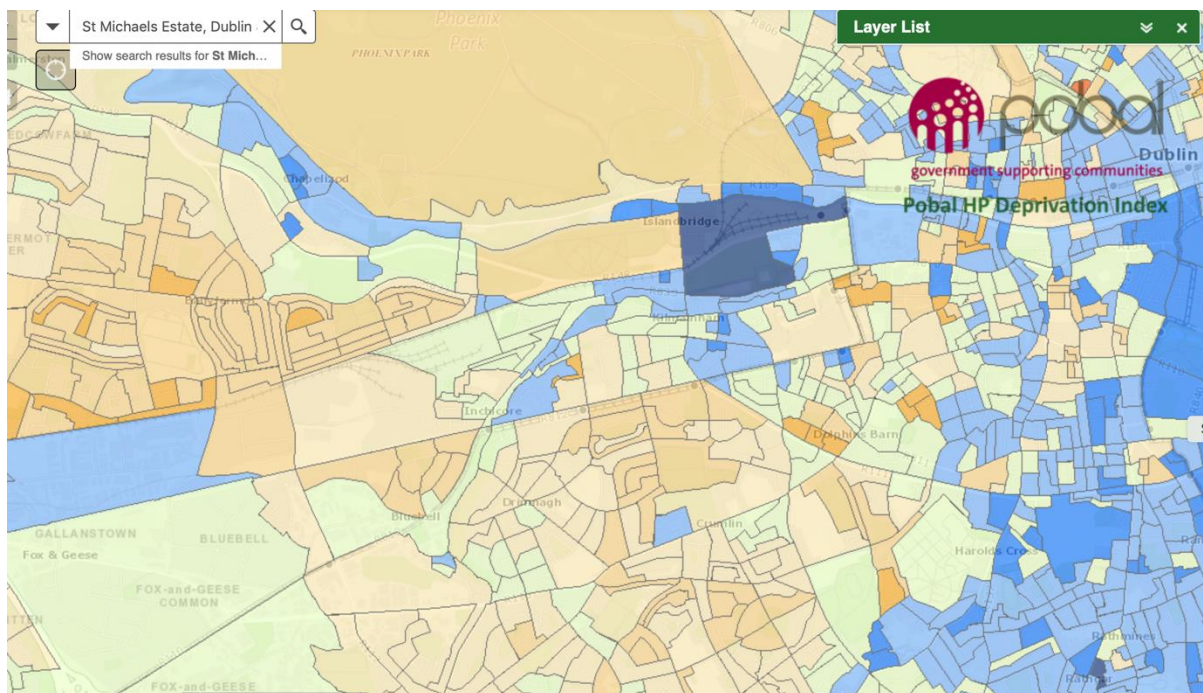


**Step 4:** Open up drop down menu for 'Pobal Deprivation' and select to view it by small area 2016 data:



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



## APPLICATION FORM

## SOCIAL DEPRIVATION SUPPORT ALLOWANCE 2023

(For the purpose of this application, a GMS patient is a holder of a Medical Card and excludes Doctor Visit Cards (DVC) holders, patients in long-term care facilities such as Nursing homes or other residential care settings) and the Principal centre of practice is located in an urban area as per the CSO definition of Urban being a town with a population of 1,500 or more).

*\*for the avoidance of doubt a DVC patient includes an under 6 child patient registered with a GP in the applicant practice.*

## Practice Name

## Principal Centre of Practice Address

## Secondary Practice Premises Address

## Nominated GP

(Each Practice should nominate one GP under whose GMS number the allowance will be payable)

Nominated GP Name	GP GMS Number	Medical Council Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Practice Profile:

## GMS GPs:

(List all GMS GPs in the Practice including nominated GP and any flexible shared contract arrangement)

NAME	GMS Number	Medical Council Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Total Number of GMS GPs in Practice:

(if a GP has more than one GMS Number, the combined panel size will be used but only one WTE will be counted)

## Total Combined GMS list size for all GMS GPs in the practice

(Please note that the total combined panel sizes will be verified as part of the application review Process with PCERS for all GMS GPs listed above and should not include Doctor Visit Card patients, patients in long-term care facilities such as Nursing homes or other residential care settings):

**Total number of patients living in extremely disadvantaged, very disadvantaged areas or disadvantaged areas using Pobal Deprivation Index maps** (See Guide to mapping patients):

**I confirm that my practice** (Place X as appropriate):

Is based in an urban area as per the CSO definition of urban (town of 1,500 or more)

☐

Is not in receipt of a Rural Practice Support Framework allowance

☐

Has a combined list size of over 350 GMS patients

☐

(Note: this does not include DVC patients, patients in long-term care facilities such as Nursing homes or other residential care settings)

Has over 200 GMS patients living in extremely disadvantaged, very disadvantaged or disadvantaged areas (*Using Pobal Deprivation Index Maps*)(not including DVC patients, patients in long-term care facilities such as Nursing homes or other residential care settings)

☐

Has made only one overall application for the Social Deprivation Support Allowance

☐

**I declare that the information I have given as part of this application is correct to the best of my knowledge. I agree to tell the HSE immediately about any changes that may affect my application. I agree that the HSE, when assessing eligibility, may use other sources to confirm the information I have given.**

**I can confirm that the HSE may deal directly with me as the nominated GP on all aspects of the application. I can confirm that if successful I will, on behalf of the Practice; provide a certified memo to the HSE on or before the 31<sup>st</sup> of July 2023, which must be counter signed by a Qualified Accountant, confirming the Relevant Costs incurred by the Practice during the Grant Allocation Period.**

Medical Practitioners  
Office Stamp

\_\_\_\_\_  
**Nominated GP Signature**

\_\_\_\_\_  
**Nominated GP Name**  
(Print Name)

Date: \_\_\_\_\_

**Applications will only be accepted by e-mail to [urban.deprivation@hse.ie](mailto:urban.deprivation@hse.ie)**

**For official HSE use only:**

**Rank Number :**

**Amount Due : €**

**Validated by:** \_\_\_\_\_  
National Contracts Office Official

**Date :** \_\_\_\_\_

**Authorised by :** \_\_\_\_\_  
Geraldine Crowley, AND Primary Care Strategy & Planning

**Date :** \_\_\_\_\_



## Certified Memo – Social Deprivation 2023

Applicant's details – To be completed by the Accountant

Nominated GP Name*	GP GMS Number	Medical Council Number	Email Address

*\*Nominated GP (as nominated by the practice in the application form and under whose GMS number the allowance was payable)*

I \_\_\_\_\_ of Practice Name \_\_\_\_\_ confirm receipt of a **Social Deprivation Grant** amount of €\_\_\_\_\_ from the HSE for 2023 allocation period.

I hereby declare that the social deprivation grant was used for Social Deprivation incurred costs in accordance with the Criteria set out in the Memo ref: NCO-03-2023 e.g. engaging additional medical personnel, additional nursing hours, additional key worker hours, additional counseling hours or additional practice admin hours and all additional services and associated costs (i.e. Relevant Costs).

I further confirm that the grant was not used for the purpose of issuing payments to GPs in the practice who hold GMS Contracts. It was not used for stand-alone equipment or other practice expenses, IT, or running costs etc. The grant was not used to cover costs of practice nurses and/or practice secretaries contracted hours for which a subsidy is already in payment.

I understand that in case of failure to submit this certified memo, any and all uncertified amounts paid will be considered as unused/unverified and will be recouped from monthly payments to GPs in the practice through the PCERS System.

I hereby declare that the information I have given as part of this Memo is correct. I can confirm that the HSE may deal directly with me as the nominated GP on all aspects of this certified memo.

*The HSE reserves the right to seek copies of vouched receipts as part of its grant allocation verification process.*

**Nominated GP (Signature)**

**Nominated GP (Print Name)**

\_\_\_\_\_

\_\_\_\_\_

**Date:**

\_\_\_\_\_

GP Practice Official  
Stamp



I \_\_\_\_\_ (Registered Accountant) hereby confirm that the practice has incurred Relevant

Costs in the amount of €\_\_\_\_\_.

**Registered Accountant (Signature)**    **Registered Accountant (Print Name):**

\_\_\_\_\_

\_\_\_\_\_

**Date:**

\_\_\_\_\_

Accounts  
Official Stamp

Please indicate in what capacity you are certifying the amounts above –

☐ The Accountant to the practice responsible for the preparation of the practice annual accounts & revenue returns

☐ Other - Please specify: \_\_\_\_\_

**Please tick Registered Accountancy Body**

ACCA ☐    ICAI ☐    ICAEW ☐    ICAS ☐    CPA Ireland ☐    PAIBs ☐

CIMA ☐    Other ☐

If you ticked other please specify \_\_\_\_\_