



Date: 22nd December, 2020

Circular Number: NCO-18-2020

Support for General Practitioner Services during Current National Public Health Emergency

Dear Doctor,

I refer to previous communications in relation to a range of supports for General Practitioner services during the current National Public Health Emergency and to the GP Agreement 2019.

1. GP Agreement 2019

In line with the provisions of the GP Agreement 2019 the Minister for Health, with the agreement of the Minister for PER has approved the next payment arrangements for GPs under the agreement. Revised capitation payments will be implemented in line with the Agreement, effective from the 1st January, 2021.

In line with the Agreement, a range of productivity measures will be rolled out in 2021 including the implementation of new arrangements for community healthcare networks, the eHealth agenda, and the medicine management programme. In this regard, the HSE has been working closely with the IMO in preparation for the roll out of these initiatives and a range of information sessions and guidance material will be provided in the New Year as part of the implementation process.

2. Winter Plan – Covid 19 GP Winter Supports

As part of the collaborative process with General Practice on the pandemic through the CCO Forum, funding was included in the Winter Plan for additional service supports over the period November 2020 to March 2021, given the combination of the Covid 19 pandemic and the normal winter surge.

Negotiations have been successfully concluded with the IMO and the proposals agreed are set out below which will give effect to the following arrangements.

2.1 Winter Plan – Support Grant

Who is Eligible to Receive the Grant?

The Covid 19 GP Winter Support Grant will be available to each GMS GP with a GMS panel size in excess of 100 (i.e. medical card, GP Visit Card and Under 6 combined) and based on GPs panel as at 31st December 2020.

The grant is available to all GMS GPs as follows:

Panels between 101 and 500	€2,500
Panels between 501 and 1000	€3,500
Panels of 1001 plus	€4,500

What Can the Grant Be Used For?

It is recognised that GPs have increased hours for existing staff and in many cases required staff to work



overtime hours and/or brought in additional temporary staff. GPs have also reconfigured practices and have incurred many additional costs associated with Covid 19. The grant is to make some contribution towards the increased costs which GPs are experiencing due to Covid 19 including but not limited to higher staffing costs, Covid compliance to include additional cleaning and reconfiguration costs, staff training, increased telephone or IT costs.

Relevant Time Period

The grant is a winter grant and will cover the period November to March 2021. Certain initial Covid related costs from March 2020 when practices were required to reconfigure for the Covid 19 environment may also be permissible.

It is recognised that significant and unprecedented additional pressures are being placed on the healthcare system generally and General Practitioner services in particular due to the demands of the pandemic and the winter season combined. In this context, bespoke arrangements are being put in place to ensure appropriate accountability for disbursement of the Winter Support Grant while also minimising the administrative burden on GP practices during this public health emergency.

GPs will provide evidence to the National Contracts Office by way of a certified memo from their accountant (to be provided no later than the end of July 2021) to illustrate how the grant was expended by the end of June 2021.

In this regard GP practices shall keep a record of relevant costs.

2.2 Enhanced Package for GPs Working in Areas of Deprivation

Following on from the allocation of funding in the 2019 Agreement to GPs working in areas of high deprivation additional funding for the initiative has now been secured as part of the winter plan supports. The initial level of funding was to apply to 100 practices but with the enhanced package the initiative can now facilitate over 160 practices which on application met the eligibility criteria. In 2021, each practice will receive grants of either €13,000, €17,000 or €22,000 on a once off basis. The level of funding depends on the ranking system as detailed in the application process which was negotiated with the IMO with the support of Deep End. This grant can be used for costs incurred in doctor hours, nursing hours, key worker hours and additional counselling hours.

It is important to note the grant cannot be used for staff for which the practice is already in receipt of practice supports through the GMS. The grant will be on a vouched basis with GPs providing evidence of expenditure. For 2020/21 expenses incurred from November 2020 to June 2021 will be eligible for submission to the National Contracts Office. These expenses should not include expenses claimed under Winter Support Plan. The scheme will then recommence on 1st July 2021. The successful GP practices have been advised by the National Contracts Office of arrangements to proceed with the initiative.

2.3 Additional Supports for GPs in receipt of Rural Practice Support Framework Grant.

In order to recognise the particular challenges facing remote rural practices it has also been agreed to increase grant funding into such practices on a once off basis.

All practices currently receiving the maximum Rural Practice Support Framework (RPSF) Grant of €22,000 will receive an additional grant of €5,000 on a once off basis. Those in receipt of half the allowance (i.e. €11,000) will receive €2,500 on a once off basis. This enhanced payment will issue in January 2021 with Q4 2020 Rural



Practice Support Framework Grant.

2.4 Arrangements for Maintaining GP Services in circumstances where GP Sick Leave is due to Covid 19

In light of the increased risk of Covid 19 infection at which healthcare workers put themselves further, specific measures are being introduced for instances where GPs have either contracted Covid 19 or are required to self-isolate due to possible Covid 19 infection. It is recognised that in such cases, there will be relatively little time to organise a locum and furthermore in some cases GPs may wish to do some level of work remotely.

New arrangements will be available for the following two scenarios:

- Where a GP is required to self-isolate for a period of 14 days

In this scenario, a GP may not be able to see patients in person but may continue to do remote consultations. However, arrangements may be needed for in person consultations where required. In such situations, the Primary Care Unit Manger in consultation with the GP Liaison from the Covid 19 Hub, may request that other GPs in the area would be available to the isolating GP's patients for in person consultation for a period no more than 14 days.

The GP Liaison should contact the GPs in the area to see which GP practices would be willing to cover in such a scenario. Once agreed, the covering GPs may claim a specific fee (equivalent to an Emergency Consultation) for such consultations using the standard Special Items of Service claim form. The Special Item of Service code will be 'CE' and claimable by agreed external GP/Practices. The self-isolating GP will not be entitled to claim sick leave/ Covid leave locum contribution in this scenario.

- Where a GP contracts Covid 19

In circumstances where a GP is unable to arrange a locum for his/her practice, the Primary Care Unit Manger in conjunction with the GP Liaison from the Covid 19 Hub, may request that other GPs in the area would be available to the isolating GP's GMS patients for in person consultations for a period of no more than 14 days.

The GP Liaison should contact the GPs in the area to see which GP practices would be willing to cover in such a scenario. Once agreed, the covering GPs may claim a specific fee (equivalent to an Emergency Consultation) for each consultation using the standard Special Items of Service claim form. The Special Item of Service code will be 'CE' and claimable by agreed external GP/Practices.

If, at the expiration of the 14 day period, the GP who has contracted Covid 19 is unable to return to in person practice and is unable to obtain a locum, the Primary Care Unit Manger will attempt to secure a locum and if this is not possible will explore alternative arrangements, in conjunction with the GP Liaison and GPs in the local area, in order to maintain adequate services to patients on the doctors GMS panel.

3. Support for GP Out of Hours Services

3.1 Enhanced Covid 19 Assessment and Referral: National Co-ordinated Service

In response to the changing profile and spread of Covid 19 and taking into account the increased pressures on General Practice in the winter, additional funding has been secured to deliver a Covid Assessment & Referral service in the OOH services. This is intended to augment the service already been delivered by GPs in normal



surgery hours and to meet the higher range of potential demand over the winter months. Recognising the increased pressures on the health system, and General Practice in particular, over the winter months the OOH services have agreed to a bespoke time limited project in the context of the pandemic which will see them providing Covid Assessment & Referral on weeknights and at weekends. Funding has been agreed to support the OOH services in delivering the capacity to meet expected demand. This service is in place from 21st December to end March 2021. It is important to note that the service will ensure Covid Assessment & Referral remains within the GP setting including OOH. All OOH Services will receive block funding based on expected levels of activity for December and January with a mix of block funding and activity based funding for February and March.

3.2 Extension of Funding Supports for GP Out of Hours Service

The approval for continued grant assistance to GP out of Hours Co-ops until 31st March, 2021 is on the basis that the GPOOHs Service will continue to operate on the same basis as present, with the exception of Covid 19 assessment and referral for testing which will be delivered in line with the enhanced arrangements set out in 3.1 above. Additionally, GP Co-ops will maintain any additional existing bespoke arrangements they have in place with the HSE.

The formula for calculating the level of grant assistance for the period to the 31st March 2021 will be based on 100% of the cost of all in person (Treatment Centre and Domiciliary based) consultations involving GMS patients during the period 1st January – 31st March 2021. The HSE will communicate separately with the OOHs services on this aspect of the agreement in the normal way.

No Out of Hours or other claims for consultations during Co-op hours of operation are claimable by the Co-op or their members from the PCRS.

I would like once again to express my sincere gratitude to General Practitioners and their teams for their efforts to-date and for the patient centred approach in which they have organised their services in response to this public health emergency.

Please be assured of the HSE's continued support at this time and I wish you, your colleagues and your families a peaceful Christmas and New Year.

Yours sincerely,

Pat Healy,
National Director,
Community Strategy and Planning.



Oifig an Stiúrthóra Náisiúnta Straiteis Pobail agus Pleanála

Ospidéal Dr. Steevens, BAC 8, D08 W2A8

Office of National Director Community Strategy and Planning HSE, Dr.

Steevens Hospital, Dublin 8. D08 W2A8