



An Stiúrtóireacht um Sheirbhísí
Aonad Cúram Príomhúil,
Ospidéal N. Lómáin
An Mhuileann gCearr, Co. na hIarmhí
Eircode- N91 X36E

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28th September 2023

Circular Number: NCO-40-2023

Re: 2023 Agreement- Arrangements for the Provision of Services under the Health Act 1970 (as amended) and the Health (General Practitioner Service and Alteration of Criteria for Eligibility) Act, 2020

Dear Doctor,

Further to Circular Number NCO-25-2023, in relation to the above and in particular, the Supports to Enhance Capacity in General Practice, I now enclose for your information and attention:

- **Revised PSN/1** application form which is to be used in respect of the **Practice Support Subsidies** and
- **New PGS/1** application form which is to be used in respect of the **Practice Support Grant**

Please note that both of these forms will soon be available on the PCRS GP Suite.

Guidance on completion of the forms is included at the back of each form.

I am also enclosing the Process Mapping document, which details the current process and the new application process being applied for the Practice Support Subsidy/Grant.

You will note from the documents that the procedure for completion of the forms is similar to the original PSN/1 forms however the forms are no longer in hardcopy carbonised format and have been replaced by electronic versions, which can be obtained from the PCRS GP Suite

The completed and signed forms, together with the necessary supporting documentation should be submitted **by email**, to your local Primary Care Unit Manager. Please retain a copy of the completed form(s) for your own records.

If you do **not** have access to email facility and/or the GP suite, hardcopies of each of the forms are available from your local Primary Care Unit. Forms can be completed manually and completed and signed forms, together with the necessary supporting documentation, can be submitted by post to your local Primary Care Unit.

Please ensure that, when submitting either manually or by email, the attached **REVISED** forms are submitted. The original manual PSN/1 carbonised forms no longer apply and are **discontinued with immediate effect**.

Please note PCRS are currently in the process of updating their systems to adapt the new practice support requirements.

Thank you for your continued co-operation in this matter. If you have any queries in relation to the completion of the forms, please contact your local Primary Care Unit.

Yours sincerely,

Theresa Kennedy
General Manager, National Contracts Office
Cc PCU Managers, HOPC, Chief Officers.

SECTION A: Please use BLOCK capital letters

(tick one box to confirm)

- New Contract ☐
 Replacement Maternity Cover ☐
 Amend Existing Contract ☐

By Dr. _____

Employment of (tick to confirm)	Practice Administrator <input type="checkbox"/>	Practice Nurse <input type="checkbox"/>	Practice Manager <input type="checkbox"/>
Insert Total Hours of Employment per week			

at my practice centre (insert Address) _____

with effect from: (Insert original commencement date of employment with Practice)

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

I request sanction for the payment of allowance(s) appropriate to my G.M.S. panel size (taken in conjunction with the panel size(s) of my partner(s)/GP Group Members).

GP Name	GMS No.	GP Practice Name	Location Address

Note: If pooling panels signed declaration from each GP Member required (if not already submitted) (tick to confirm) ☐Signed Nominated GP _____ GMS Panel Number:

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 Date:

D	D	M	M	Y	Y	Y	Y
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SECTION B: Please use BLOCK capital letters

A. Name of Practice Administrator / Nurse / Manager _____

Employee Address _____

Effective Date of New Contract or Amendment Date to Existing Contract or Replacement Maternity Cover. Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

B. Contract of Employment attached. ☐ Curriculum Vitae (C.V) attached. (tick to confirm) ☐

C. Annual Gross Salary (inclusive of Employer's P.R.S.I.) € _____

D. Employee's P.P.S.N. No.

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 Employees Social Insurance Category (PRSI Class) _____**In the case of a Practice Nurse:**

Insert Pin Number

E. P.I.N. number with An Bord Altranais

Current Certificate of Registration attached. (tick to confirm) ☐ Curriculum Vitae (C.V) attached. (tick to confirm) ☐Evidence of current Insurance Cover in respect of the Terms of Employment of the Practice Nurse attached (with Practice Nurse to be named on the cover) (tick to confirm) ☐

Name of Insurance Company	Policy Number	Period of Cover

SECTION C: FOR OFFICE USE ONLY- HEALTH SERVICE EXECUTIVE

Employment of a Practice Administrator / Nurse / Manager by Nominated Dr. _____

GMS. No.

--	--	--	--	--

 with effect from Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Section B fully completed by Doctor Yes ☐ No ☐Contract of Employment & CV received and noted Yes ☐ No ☐

In respect of Practice Nurse the following have been received and noted:

Contract of Employment Yes ☐ No ☐Current Certificate of Registration Yes ☐ No ☐Curriculum Vitae (C.V) received and noted Yes ☐ No ☐Practice Nurse Insurance Yes ☐ No ☐

(with Practice Nurse name referenced on cover)

Subject to entitlement and being covered under the terms of the 2023 Agreement, checks have been completed to confirm that all relevant information required has been provided to the local Primary Care Unit

SIGNED (Primary Care Unit Managers Office): _____

GRADE: _____ Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

DATE COPY FORWARDED TO PCRS:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 DATE ACKNOWLEDGED TO GP:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

NOTES ON USE OF FORM

With effect from 1st July, 2023 Practice Support Subsidies for existing Practice Staff will be based on total maximum refundable amounts. The Subsidy Ceiling amount will be 75% of the Total Maximum Refundable Amount, inclusive of applicable Employers PRSI Contribution for the staff member in question. GMS GPs who meet the qualification criteria for Practice Support Subsidies will be eligible to claim Practice Support Subsidy for a member of the Practice Team and if applicable, during the period when such member of staff is on Maternity Leave.

- (i) To facilitate processing of claims for payment of subsidies towards the cost of Practice Administrator/Nurses/Manager, Doctors participating in the G.M.S. who are remunerated on a capitation basis should complete the PSN/1 form and return via email to your local Primary Care Unit Managers Office.
- (ii) When completed, your local Primary Care Unit Manager will acknowledge receipt of your form and forward a copy to PCRS via email for processing.
- (iii) Upon receipt of the PSN/1 form from the Primary Care Unit Managers Office, the claim is processed by the Primary Care Reimbursement Service. The Practice Support Subsidy is then generated.
- (iv) Payment of Practice Support is paid on a monthly basis and is one month in arrears.
- (v) In respect of maternity leave it can only be claimed if the GP is paying the Practice Staff member for maternity leave cover.
- (vi) Continuation of Practice Support Subsidy is dependent upon doctors returning to the Primary Care Reimbursement Service the Payroll Summaries at the end of the current tax year. A reminder form in respect of a PSN/1P is sent before the end of the tax year. This can be photocopied for multiple employees.
- (vii) Please ensure to complete form in full before returning to your Primary Care Unit Managers Office
- (viii) There should only be one form per practice support request in respect of each individual Practice Team member. Please use a separate form if applying for more than one Practice Team Member.
- (ix) Please ensure that you notify your Primary Care Unit Managers Office on a timely basis of any changes to staff terms and conditions of employment as they arise throughout the year i.e. notification of new staff members, changes to hours of employment or salary details, retirement / resignation of staff members.
- (x) Any notified increases in point of scale arising from the new 2023 Agreement will take effect from the 1st of July 2023 or thereafter when notified. There is no retrospective payment prior to effective date.

The following is a non-exhaustive check list to ensure all documentation is sent with the application form.

- ☐ Copy of Contract of Employment
- ☐ Copy of CV
- ☐ Letter of Declaration from GP Members if pooling panel number for Subsidy purposes (only applicable if you have not already submitted to Local office)

In respect of a Practice Nurse Specifically the following supporting documentation should accompany your Application:

- ☐ Copy of CV to be attached for Practice Nurse to determine point on scale
- ☐ Copy of current certificate of registration with An Bord Altranais
- ☐ Copy of evidence of Insurance Cover in respect of the Terms of Employment of the Practice Nurse (please ensure practice nurse name is referenced in the Insurance cover document)

SECTION A: Please use BLOCK capital lettersNew Contract ☐ Replacement Maternity Cover ☐ Amend Existing Contract (additional hours) ☐
(tick one box to confirm)

By Dr. _____

Employment of (tick to confirm)	Practice Administrator <input type="checkbox"/>	Practice Nurse <input type="checkbox"/>	Practice Manager <input type="checkbox"/>	General Practice Assistant <input type="checkbox"/>
Insert Total Hours of Employment per week				
Insert Increase in Hours of Employment				
Effective Date				

Annual Gross Salary (inclusive of Employer's P.R.S.I.) € _____
at my practice centre (insert Address) _____with effect from: (Insert original commencement date of employment with Practice)

D	D	M	M	Y	Y	Y	Y
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Please outline details of the **additional** practice support capacity being generated:**Existing Practice Staff Support Capacity** _____**Proposed Additional Practice Staff Support Capacity** _____

I request sanction for the payment of Practice Grant (taken in conjunction with the panel size(s) of my partner(s)/GP Group Members).

GP Name	GMS No.	GP Practice Name	Location Address	Insert radius in kilometres from nominated GPs practice centre

Note: Pooling panel members are capped at a maximum of 5 GMS GP Practices within a 30km radius of your practice location (please include Letter of Declaration from GP Members). If pooling panels signed declaration from each GP Member required (tick to confirm) ☐Signed Nominated GP: _____ GMS Panel Number:

--	--	--	--	--

 Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

SECTION B: Please use BLOCK capital letters

A. Name of Practice Administrator / General Practice Assistant / Nurse / Manager _____

Employee Address _____

B. Effective Date of New Contract or Amendment Date to Existing Contract or Replacement Maternity Cover. Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

C. Contract of Employment attached. ☐ Curriculum Vitae (C.V) attached. ☐ (tick to confirm)

D. Annual Gross Salary (inclusive of Employer's P.R.S.I.) € _____

E. Employee's P.P.S.N. No.

--	--	--	--	--	--	--	--

 Employees Social Insurance Category (PRSI Class) _____**In the case of a Practice Nurse:**

Insert Pin Number

E. P.I.N. number with An Bord Altranais

Current Certificate of Registration attached. (tick to confirm) ☐ Curriculum Vitae (C.V) attached. (tick to confirm) ☐Evidence of current Insurance Cover in respect of the Terms of Employment of the Practice Nurse attached (with Practice Nurse to be named on the cover) (tick to confirm) ☐

Name of Insurance Company	Policy Number	Period of Cover

SECTION C: FOR OFFICE USE ONLY- HEALTH SERVICE EXECUTIVE

Employment of a Practice Administrator / General Practice Assistant / Practice Nurse / Practice Manager by Nominated Dr. _____

GMS. No.

--	--	--	--	--	--	--	--

 with effect from Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Section B fully completed by Doctor

Yes ☐ No ☐

Contract of Employment** & CV received and noted

Yes ☐ No ☐

**(Contract to include Job Description in the case of General Practice Assistant)

In respect of Practice Nurse the following have been received and noted:

Contract of Employment

Yes ☐ No ☐

Current Certificate of Registration

Yes ☐ No ☐

Curriculum Vitae (C.V) received and noted

Yes ☐ No ☐

Practice Nurse Insurance

Yes ☐ No ☐

(with Practice Nurse name referenced on cover)

Subject to entitlement and being covered under the terms of the 2023 Agreement, checks have been completed to confirm that all relevant information required has been provided to the local Primary Care Unit

SIGNED (Primary Care Unit Managers Office): _____

GRADE: _____ Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

DATE COPY FORWARDED TO PCRS:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 DATE ACKNOWLEDGED TO GP:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

NOTES ON USE OF FORM

The Annual Grant under the new provision will be with effect from 1st of July 2023. No retrospection of payment will occur. Under this new provision qualifying GPs (**those with a weighted panel of 500+**) will be eligible to claim an annual Grant of €15,000. This can be used for the following grades (i.e. General Practice Assistant, Practice Administrator, Practice Nurse or Practice Manager). However, the grant cannot be used to meet the shortfall between the practice support subsidy in payment and the cost to the practice of employing the practice staff member.

The amount that can be reimbursed to a qualifying GP under the new Grant provision cannot exceed the Grant amount. In circumstances where the annual cost of the additional capacity (whether through employment of an additional staff member or increase in the whole-time commitment of an existing staff member) is less than the Grant amount then the lower amount will be claimable. The maximum refund amounts are inclusive of the Employer's PRSI contribution adjusted, where applicable, to reflect the whole-time equivalent commitment of a new staff member or, as the case maybe, the net additional whole-time equivalent commitment of an existing staff member. Under this Grant proposal the Grant amount claimable will not be pro-rated to take account of the GP's panel size. GPs in Group Practices will be permitted to pool Grants to optimise enhancement of the Practice's capacity. Furthermore, and subject to the foregoing provisions of this Section, GPs, while not in group practice arrangements, who wish to coalesce for the purposes of optimising the enhancement of capacity of GP services for their shared GMS communities, may also pool Grants provided that no practice is more than 30kms from one of the other practices in the proposed configuration. Under this provision the number of GMS practices that may participate in each such configuration will be limited to 5, save in exceptional circumstances where, at the discretion of the HSE following consultation with the IMO, a greater number of practices may be permitted.

- (i) To facilitate processing of claims for payment of Practice Grant for Practice Administrators /General Practice Assistant/ Nurses/Manager, Doctors participating in the G.M.S. who are remunerated on a capitation basis should complete the PGS/1 form and return via email to your local Primary Care Unit Managers Office.
- (ii) When completed, your local Primary Care Unit Manager will acknowledge receipt of your form and forward a copy to PCRS via email for processing.
- (iii) Upon receipt of the PGS/1 form from the Primary Care Unit Managers Office, the claim is processed by the Primary Care Reimbursement Service. The Practice Grant is then generated.
- (iv) Payment of Practice Grant is paid on a monthly basis and is one month in arrears.
- (v) Continuation of Practice Grant is dependent upon doctors returning to the Primary Care Reimbursement Service the Payroll Summaries at the end of the current tax year. A reminder form in respect of a PSN/1P is sent before the end of the tax year. This can be photocopied for multiple employees.
- (vi) Please ensure that you notify your Primary Care Unit Managers Office on a timely basis of any changes to staff terms and conditions of employment as they arise throughout the year i.e. notification of new staff members, changes to hours of employment or salary details, retirement / resignation of staff members.
- (vii) There should only be one form per practice grant request in respect of each individual Practice Team member. Please use a separate form if applying for more than one Practice Team Member.

The following is a non-exhaustive check list to ensure all documentation is sent with the application form.

- ☐ Copy of Contract of Employment
- ☐ Copy of CV
- ☐ Letter of Declaration from GP Members if pooling panel number for Grant purposes. (Only applicable if you have not already submitted to Local office)

In respect of a Practice Nurse Specifically the following supporting documentation should accompany your Application:

- ☐ Copy of CV to be attached for Practice Nurse to determine point on scale
- ☐ Copy of current certificate of registration with An Bord Altranais
- ☐ Copy of evidence of Insurance Cover in respect of the Terms of Employment of the Practice Nurse (please ensure practice nurse name is referenced in the Insurance cover document)

In respect of General Practice Assistant Specifically the following supporting documentation should accompany your Application:

- ☐ Copy of Contract of Employment to include Job Description



GP GMS Practice Support Subsidy/Grant Application Form Process Maps

14th August 2023

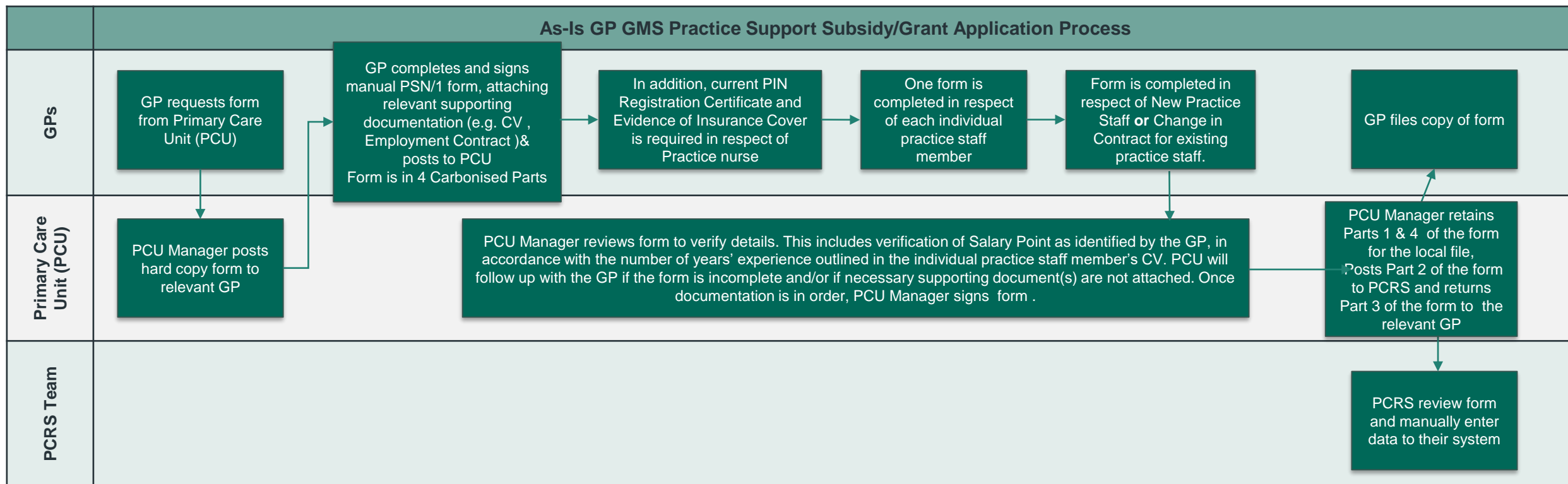
Private & Confidential





As-Is GP GMS Practice Support Subsidy Application Process

Private & Confidential




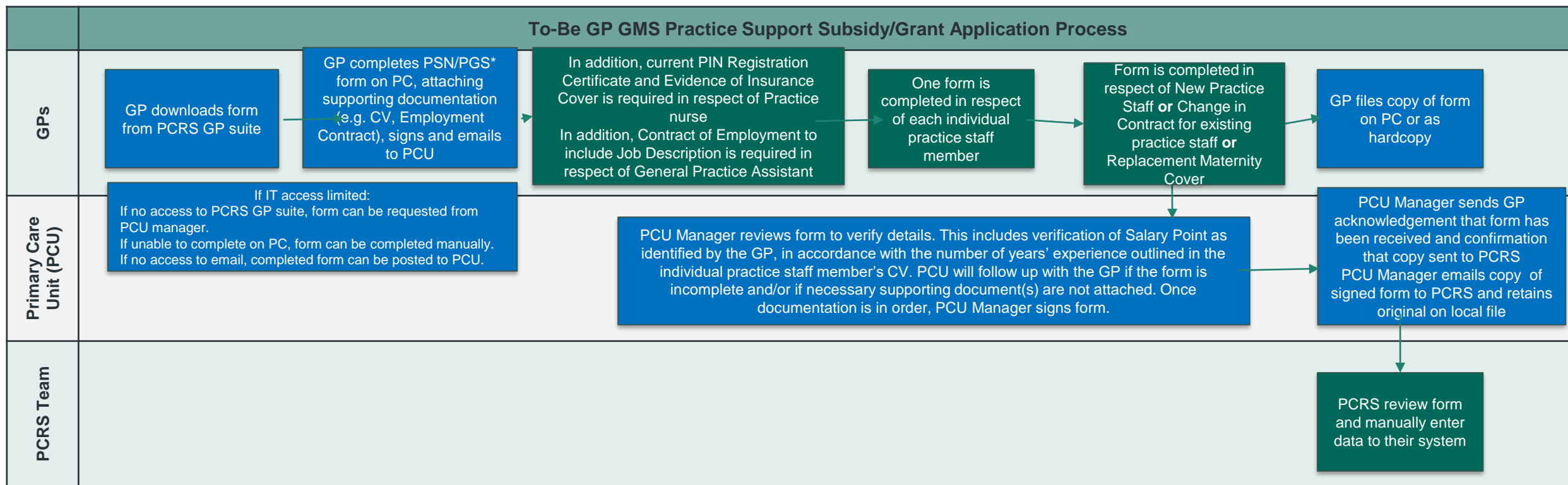
As-is Process Pain Points

- Current form is in hardcopy format, to be filled in with pen, manual process. Legibility issues can arise with carbonised copies.
- Increased time due to postage back and forth, risk of loss or misplaced documentation
- Increased cost associated with printing and posting
- Inefficient use of resources



To-Be GP GMS Practice Support Subsidy/Grant Application Process

 Denotes change to the process



*PSN/1 Form in respect of Practice Support Subsidies. *PGS/1 Form in respect of Practice Grant.

Considerations

- A secure email solution is required
- Comms plan required to communicate this change/ transition period for paper forms to be agreed



GP GMS Practice Support Subsidy/Grant Criteria

GP GMS Practice Subsidy Criteria

- With effect from 1st July, 2023, Practice Support Subsidies for existing Practice Staff will be based on a total maximum refundable amounts and includes provision for Employer's PRSI contributions (Refer to Table 6 of 2023 Agreement)
- GMS GPs who meet the qualification criteria for Practice Support Subsidies, will be eligible to claim Practice Support Subsidy for a member of practice team, (in respect of whom the GP either in receipt of a practice support subsidy or practice grant), during which the period when such member of staff is on Maternity Leave for the 26 week period. Where the GP is in receipt of the new Practice Capacity Grant then he/she will be eligible to claim the equivalent of 26 weeks of the annual grant amount in payment for the staff member on maternity leave abated by the value of the Statutory Maternity Benefit payable to the Staff member. GMS GPs will continue to be eligible to claim subsidy towards the cost of employing a replacement staff member to cover the period of maternity leave.
- Practice Nurse - In determining, the relevant point on the subsidy scales for a practice nurse, relevant nursing experience in an acute, community/primary care or nursing home setting will be taken into account in determining the relevant point on the salary scale. Heretofore, only General Practice experience was taken into account.
- **PSN/1 Form** to be used for applications in respect of Practice Support Subsidies.
- Definition of Full Time for all Practice Staff is 35 hours p.w.

GP GMS Practice Grant Criteria

- Each GMS GP with a weighted panel size of 500 or more, where weighting is such that over 70s count for two, will be entitled to access a new form of an annual Practice Grant of €15,000 per annum. This grant can be used towards a practice nurse, practice administrator, practice manager or the new role of a GP Practice Assistant (GPA).
- This new Practice Grant is targeted at additional capacity and therefore may only be claimed by qualifying GMS GPs in respect of additional new employees recruited or for additional hours on the part of existing staff. It will only apply to additional hours for existing staff (increase in hours from 1st July 2023 only and not retrospectively), or new staff hired after the 1st of July 2023.
- In order to be eligible for the Grant, each GMS GP must have a reckonable weighed GMS list of 500 GMS patients or more.
- The new Grant may be used as a contribution towards cost of employing Practice Manager, Administrator, Practice Nurse or new role of General Practice Assistant (GPA) up to the maximum refundable amounts for each grade on a full time basis (Refer to Table 5 of 223 Agreement)(A Maximum Refundable Salary of €32,000 will apply to the new position of General Practice Assistant (GPA)).
- The grant cannot be used to meet the shortfall between the practice support subsidy in payment and the cost to the practice of employing the practice staff member.
- GPs in Group Practices will be permitted to pool Grants. In addition, GPs while not in group practice arrangements, who wish to coalesce, may also pool Grants, provided that no practice is more than 30kms from one of the other practices in the proposed configuration. The number of GP practices in each such configuration will be limited to 5 practices.
- **PGS/1 Form** to be used for applications in respect of Practice Grant
- Definition of Full Time for all Practice Staff is 35 hours p.w.
- **General Practice Assistant** applies to the Practice Grant **only**



Appendix



New Practice Grant for Additional Capacity

- **Table 5:** The maximum refundable amounts for each grade on a full time basis (35 hours) are set out below:

Grade	Point	Maximum Refundable Salary Amount	ER PRSI at 11.05%	Maximum Refund (incl of ER PRSI)
General Practice Assistant	1	€ 32,000	€ 3,536	€ 35,536
Practice Nurse	4	€ 52,500	€ 5,801	€ 58,301
Practice Nurse	3	€ 47,250	€ 5,221	€ 52,471
Practice Nurse	2	€ 44,765	€ 4,947	€ 49,712
Practice Nurse	1	€ 42,276	€ 4,671	€ 46,947
Practice Manager	1	€ 50,000	€ 5,525	€ 55,525
Practice Admin	3	€ 32,000	€ 3,536	€ 35,536
Practice Admin	2	€ 29,715	€ 3,284	€ 32,999
Practice Admin	1	€ 27,428	€ 3,031	€ 30,459



Enhancement to Current Practice Support Subsidy Provisions

- **Table 6:** From 1st July 2023 Practice Support Subsidies for existing Practice Staff will be based on total maximum refundable amounts as set out below:

Grade	Point	Maximum Refundable Salary Amount	ER PRSI at 11.05%	Total Maximum Refund (incl of ER PRSI)	Subsidy Ceiling 75%
Practice Nurse	4	€ 52,500	€ 5,801	€ 58,301	€43,725.75
Practice Nurse	3	€ 47,250	€ 5,221	€ 52,471	€39,353.25
Practice Nurse	2	€ 44,765	€ 4,947	€ 49,712	€37,284.00
Practice Nurse	1	€ 42,276	€ 4,671	€ 46,947	€35,210.25
Practice Manager	1	€ 50,000	€ 5,525	€ 55,525	€41,643.75
Practice Admin	3	€ 32,000	€ 3,536	€ 35,536	€26,652.00
Practice Admin	2	€ 29,715	€ 3,284	€ 32,999	€24,749.25
Practice Admin	1	€ 27,428	€ 3,031	€ 30,459	€22,844.25