



Oifig an Straitéis Chúraim Phríomha agus an Phleanála  
Stiúrthóir Cúnta Náisiúnta  
HSE, Urlár 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:** 10<sup>th</sup> May 2022

**HSE Reference-** NCO-04-2022

**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 April 2019, funding has been allocated to support and maintain GP services for communities with a high degree of social deprivation.

Practices that received a grant from the 2020/2021 allocation and who have submitted the required vouched receipts for last year's grant to the satisfaction of the HSE are not required to submit an application for the 2021/2022 process. Such practices will be assessed based on the details contained in their 2020/2021 application. **However, new applicants will be required to submit an application to the HSE.** The application process for new applicant Practices for 2021/2022 is now open. For the purpose of clarity, I should confirm that the funding allocation for 2021/2022 covers the period 1st of July 2021 to the 30th of June 2022. In other words, practices who are approved for a grant may include Relevant Costs (as defined in Section 2 of this memo) incurred during the aforementioned period.

**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 2021/2022

In 2021/2022, 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 2021/2022. The indicative amounts 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 counseling 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.**

## 3. Practices in receipt of Social Deprivation Grant

GP Practices who complied with the 2020/ 2021 process (i.e. submitted vouched expenses) and qualify for a grant under the 2021/2022 allocation process have received 50% of their total approved grant amount in the April 2022 payment and will receive the balance of the payment in the June payment.

A certified memo from their Accountant must be submitted to the HSE National Contracts Office for compliance purposes on or before the 31<sup>st</sup> of July 2022.

The Social Deprivation Certification Form for completion is attached.

Failure to provide a certified memo as per the attached, may lead to recoupment of the grant allocated.

## 4. New Applicants - Application Process:

For new applicants they are required to complete the attached application form and return it to the National Contracts Office by email to [urban.deprivation@hse.ie](mailto:urban.deprivation@hse.ie) **on or before 26<sup>th</sup> May, 2022**. 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 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, partnerships etc. 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 eligible application will be evaluated based on standard criteria as per below:

1. Absolute number of their **medical card** patients (excluding long-term care facilities such as Nursing homes or other residential care settings) living in extremely disadvantaged areas, very disadvantaged areas and disadvantaged areas.
2. The percentage of their **medical card** patients (excluding long-term care facilities such as Nursing homes or other residential care settings) living in extremely disadvantaged areas, very disadvantaged areas and disadvantaged areas.
3. The number of their **medical card** patients (excluding long-term care facilities such as Nursing homes or other residential care settings) living in extremely disadvantaged areas, very disadvantaged areas and disadvantaged areas (as set out in 1 above) divided by the number of FTE GP's (i.e. GPs 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 grant. In the event that two or more practices receive the same overall score, having taken into account all three criteria, then the practice with the higher absolute number of **medical card** patients (excluding long-term care facilities such as Nursing homes or other residential care settings) 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 medical card patients (excluding long-term care facilities such as Nursing homes or other residential care settings) living in extremely disadvantaged, very disadvantaged or disadvantaged areas will rank higher.

*\*for the avoidance of doubt **medical card** 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 **medical card** patients living in extremely disadvantaged, very disadvantaged or disadvantaged areas (excluding long-term care facilities such as Nursing homes or other residential care settings) and for 2021/2022 this will be divided into three bands with practices with smaller numbers of **medical card** patients receiving the lower grant to reflect the absolute numbers of disadvantaged **medical card** 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)
Practice 1	1000	263	2	26.3%	2	263/2=131.5	3	8
Practice 2	800	240	3	30%	1	240/1=240	1	5
Practice 3	2000	364	1	18.2%	5	364/3=121.3	4	10
Practice 4	1000	193	4	19.3%	4	193/2=96.5	5	13
Practice 5	700	155	5	22%	3	155/1=155	2	10

\*This should be GMS medical card patients only and should not include DVC patients, under 6 child 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 **medical card** patients living in Extremely Disadvantaged, Very Disadvantaged and Disadvantaged Areas then this practice would rank above practice 5.

## 6. Appeals Process

An Applicant Practice through its 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)

## 7. Grant Amount

Grant amounts are payable for qualifying practices within the below bands which are based on the absolute number of **medical card** patients living in disadvantaged areas. A practice must first qualify through the ranking system before it is determined which band they will come under.

Number of GMS Patients in Disadvantaged Areas	Band 1 200-400	Band 2 401-800	Band 3 800+
Grant Amount	7,500	10,000	12,500

The HSE looks forward to receiving grant applications from new applicant practices for the 2021/2022 allocation period on or before the deadline of **26<sup>th</sup> May, 2022**.

The intention is to shortly commence the process as originally intended in conjunction with HSE population health colleagues for the next round of grant allocations 2022 / 2023.

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 included DVCs]

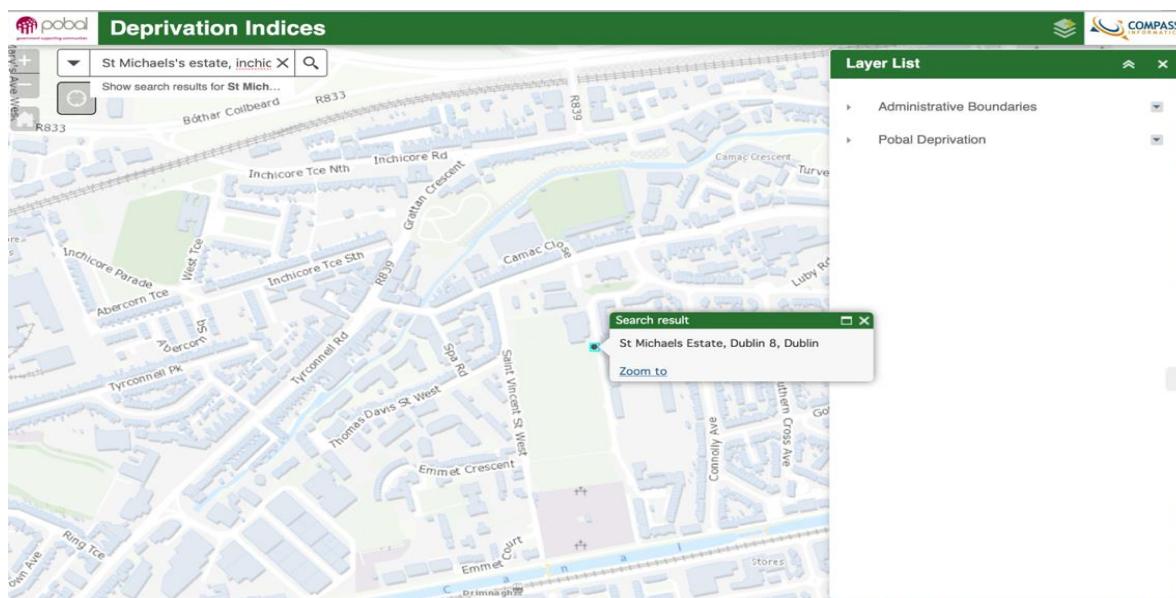
Note the total number of patients on the GMS list for all doctors in the practice

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

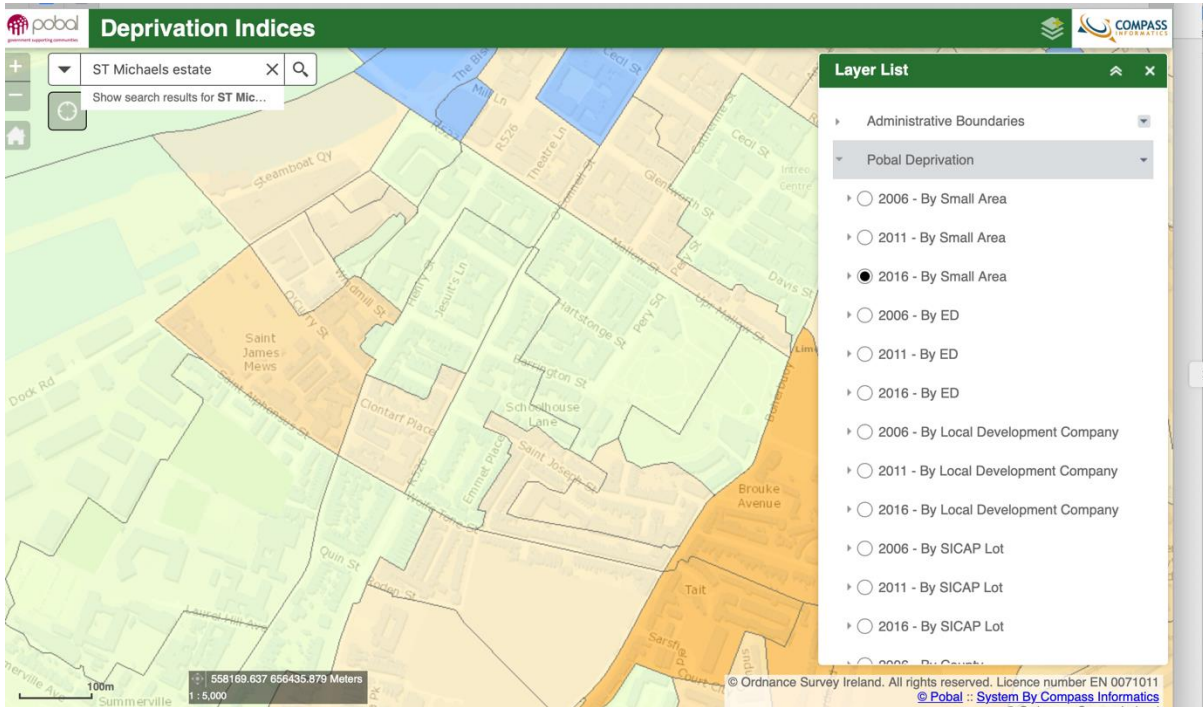
**Step 2:** Go to Deprivation map <https://maps.pobal.ie/WebApps/DeprivationIndices/index.html>



**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)

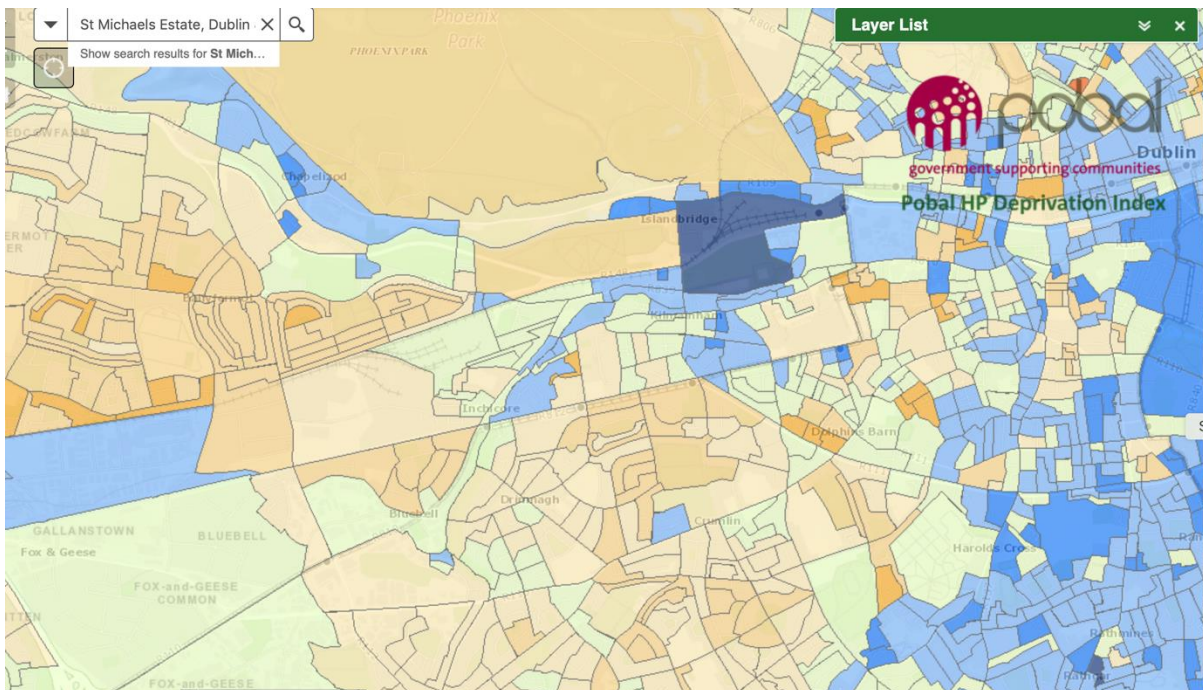


**Step 4:** Open up drop down menu for 'Pobal Deprivation' and select to view it by small area 2016 data:



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

HSE Ref:

SOCIAL DEPRIVATION SUPPORT ALLOWANCE 2021/2022

(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):



HSE Ref:

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 2022, which will be counter signed by a Qualified Accountant, confirming the Relevant Costs incurred by the Practice during the period 1<sup>st</sup> of July 2021 to 30<sup>th</sup> of June 2022.

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

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

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

Medical Practitioners  
Office Stamp

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 2021/2022

HSE Ref:

### 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 2021/ 2022 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-04-2022 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

HSE Ref: \_\_\_\_\_



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

Costs in the amount of € \_\_\_\_\_.

I further confirm that it is in order for the HSE to pay the balance due of the 2021/2022 Social Deprivation Grant to this practice.

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

\_\_\_\_\_

Accounts  
Official Stamp

**Date:**

\_\_\_\_\_

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 \_\_\_\_\_