

10. PCN Update – Additional Roles Reimbursement Scheme (ARRS) and workforce planning

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HEE/NHSEI Position Statement: Implementing the FCP/AP Roadmap for AHPs in Primary Care (released 7/5/21)

Employers need to ensure that staff are operating within the limits of their capability and provided with appropriate supervision to enable them to do so.

Allied Health Professionals (AHPs) are not required to be First Contact Practitioners (FCPs) or Advanced Practitioners (APs) to work in primary care. However, those that are not qualified as FCPs will not be able to operate at that level of clinical practice. The capabilities are outlined in the FCP roadmap

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Experienced staff may wish to be verified as, or become, FCPs and APs, subject to the provision of training and educational supervision. This creates a developmental and career path for staff and introduces standardised terms across all disciplines so that patients, staff and employers can be confident about the post holder's level of competence.

As signatories to the Network Contract DES, practices in PCNs are responsible for ensuring that all staff meet the education and training requirements it sets out and operate within the scope of their practice or capability for their discipline.

HEE/NHSEI Position Statement

First Contact Physiotherapists: The FCP road map for Musculoskeletal (MSK) FCPs has been published and includes clear competencies and training requirements for the roles. As per the Network Contract DES, First Contact Physiotherapists must be working at level 7 in their clinical work to be eligible for reimbursement under the ARRS. The criteria for demonstrating academic level 7 (MSc) capability is detailed in the MSK FCP/AP roadmap.

HEE/NHSEI Position Statement

Paramedics: As per the Network Contract DES, paramedics who are employed under the Additional Roles Reimbursement Scheme need to have completed their two-year ‘Consolidation of Learning’ period as a “newly qualified paramedic” and have a further three years’ experience as a AFC Band 6 (or equivalent) paramedic. In addition, they need to be working towards developing academic Level 7 capability in paramedic areas of practice and, within six months of commencement of reimbursement for that individual, have completed and been signed off formally within the clinical competencies of the FCP Roadmap. However, a longer time period for this can be agreed with the commissioner where it is appropriate for the needs of the PCN and the paramedic. Where a paramedic is not working at academic Level 7 capability, the PCN must ensure that they are working as part of a rotational model in which they have access to regular supervision and support. We encourage PCNs to work with their systems and local ambulance trusts to come to an arrangement that ensures that the paramedic is operating within the scope of their competency.

Local Developments

- ARRS webinar organised by Training Hub held with PCNs 10th May sharing the guidance on supervision and competency for the ARRS and the HEE/NHSEI position statement and outlining Training Hub support and the contractual requirements and claims process
- Resource pack being sent to PCNs including these updates and a summary of supervision and roadmap requirements for FCP/ACPs
- Further seminars being planned with practice managers and clinicians in PCNs
- Training Hub has recruited to Physio FCP fellow and advertised fellow for paramedics to support development of communities of practice
- Some PCN OD bids have included an element of backfill to support clinical supervision which has been supported for 2020/2021 funds

Paramedics and Mental health roles

- NHSE SW paramedic working group continues to develop rotational model with SWASFT for an indicative start date of October 21. SWASFT are proposing a 5 week rotation model
- Mental health ARRS task and finish group – PCN and AWP audit to provide data on need to inform workforce planning. South Bristol locality audit demonstrates majority of primary care presentations relate to anxiety and depression. AWP have met with each locality to discuss needs and develop proposals for how the roles can work with a commitment for joint recruitment. Next steps include a follow up discussion with each locality to firm up the roles and development of a phased delivery plan.

Workforce Planning and Underspends

- Plans to be submitted again by 31 August 2021. Will re-state PCN 21/22 position and indicate future years.
- At this point this provides an estimate of likely underspend for the remainder of the year. Once agreed as a fair representation, this underspend will be pooled at BNSSG level
- We will offer all PCNs the opportunity to bid against the 'pot'.
- Underspend cannot be carried forward into subsequent years
- Part of PCN development is ensuring 100% use of funding each year