

# Primary Care Additional Roles Reimbursement Scheme

## Slide deck 1 or 4 – General ARRS Information

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# Key Headlines for PCN's – June 2022

## **ARRS Workforce Finance**

- PCNs may plan for 10% overspend to the indicative ARRS workforce budget which they have been allocated.
- Whilst PCN's are progressing recruitment for substantive roles, all PCN's are encouraged to approach agencies and 3<sup>rd</sup> party organisations to provide workforce cover. PCN's can claim for this workforce cover through the normal claims route.

## **Operational Resources**

- This slide deck contains all of the operational information for each of the ARRS roles as requested.

## **Actions to be Continued**

- PCNs to ensure that they are claiming for ARRS roles on a monthly basis as this will enable workforce data analysis and projections regarding growth and potential spend against overall budget to be made.

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# NHSE/I Planning Priorities for Workforce 22/23



## Look After Our People

Improve retention – flexible working, early/mid/late career conversations



## Improve belonging in the NHS

BME networks & EDI agenda



## Work differently

New roles – First Contact Practitioners & Advanced Clinical Practice



## Grow the future

Making the most of temporary staffing  
Placement capacity

# ARRS an Opportunity for PC Workforce Growth & Development

## 2021/ 2022

ARRS workforce deployment has increased over the last 2 years. In 21/22 a total budget was £13 million and expenditure was approx. £11 million but there was a £2 million underspend.



**Fully exploit  
additional roles**

## 2022/ 2023

The collective ARRS workforce budget for 22/23 is £18.6 million and to increase the overall ARRS staff in Primary Care to a total of 465.

# What is the ARRS?

The Additional Roles Reimbursement Scheme (ARRS) is the most significant financial investment within Primary Care to build workforce capacity. These posts link to delivering relevant elements of the NHS Long Term Plan.

## Key Documents

- FAQs pages 5 – 11 
- Network Contract DES 2022/23 Contract Spec 



# The “Ask” for LLR PC ARRS for 22/23



Collective budget for 22/23 across all LLR PCN's is £18.6 million which is a significant increase from 21/22.

The additional roles must comply with the principle of additionality and be in line with national guidance.

Complete workforce plans with the LLR PC Workforce Transformation Team.

PCNs can choose to provide the additional role function via a third party organisation but the PCN would need to make sure that the third party organisation delivers the overall obligation.

The Additional Roles may be employed by a member of the PCN, or another body (e.g. GP Federation, voluntary sector provider, Local Authority or Trust). But the PCN will be responsible for all staffing costs which are reimbursable.

A PCN must comply with the following:

1. Embed the additional role with the delivery model
2. Ensure that the post holder has access to all patient records
3. Provide clinical supervision and admin support (as required)
4. Minimum provision of 6 months
5. Can obtain temp cover for ARRS staff (if required)

# Workforce Planning

Effective workforce planning strengthens the understanding of current and future demands. There are a number of tools/ guidance available to support employers with workforce planning and the implementation of these new roles within primary care are as follows:

- NHS Employers has a web section on workforce planning [Recruitment and workforce supply | NHS Employers](#)
- Health Education England (HEE) has issued guidance for the planning process [Workforce planning and intelligence | Health Education England \(hee.nhs.uk\)](#)
- NHS Improvement offers a self-assessment tool that enables employers to carry out an organisational diagnosis and identify areas of improvement [NHS England](#)
- The Workforce Repository and Planning Tool (WRaPT) is a web based strategic planning tool for health and social care that enables the collection, analysis and modelling of workforce information to establish the relationship between capacity and service activity [Our Work - WRaPT](#)

# Workforce Planning

## Six Steps Approach to Workforce Planning

- The programme is made up of six steps which will guide the health and social care professional through the principles and activities of planning.
- Please select the link to access this tool: <https://www.e-lfh.org.uk/programmes/six-steps-approach-to-workforce-planning/>

**HEE Star** is a tool developed to bring structure and coherence to conversations about workforce challenges and support workforce transformation. <https://www.hee.nhs.uk/our-work/hee-star>

[The ARRS Workforce Calculator](#)



## PC Workforce Transformation Team

- Support with workforce planning and the recruitment/ retention of ARRS staff.

# LLR PC ARRS Workforce Data for 21/22

## East Leicestershire & Rutland

- ARRS grew by 91% (based on claims)

## West Leicestershire

- ARRS grew by 71% (based on claims)

## Leicester City

- ARRS grew by 46% (based on claims)

\* Statistics based on ARRS PCN workforce claims for 21/22\*

# The ARRS Roles – What are they?



Occupational  
Therapist



Clinical Pharmacist



Pharmacy Technician



Social Prescribing  
Link Worker



Health and  
Wellbeing Coach



Care Coordinator



Physicians Associates



First Contact  
Practitioners



# The ARRS Roles – What are they?



Dietician



Podiatrist



Paramedics



Mental Health  
Practitioner



Trainee Nurse  
Associate



Nursing Associate

# The ARRS Roles – What are they?



Advanced  
Paramedics



Admiral Nurse

# Pay brackets for each of the ARRS Roles

Role	Agenda for Change Band	Annual maximum amount claimable per role
Clinical Pharmacist	7 – 8A	£53,724 – £55,670
Pharmacy Tech	5	£35,389
Social Prescribing Link Worker	Up to 5	£35,389
Care Coordinator	4	£29,135
Health & Wellbeing Coach	Up to 5	£35,389
Physician Associate	7	£53,724
First Contact Physio	7 – 8A	£53,724 – £55,670



# Pay brackets for each of the ARRS Roles

Role	Agenda for Change Band	
Dietician	7	£53,724
Occupational Therapist	7	£53,724
Podiatrist	7	£53,724
Trainee Nurse Associate	3	£25,671
Nursing Associate	4	£29,135
Mental Health Practitioners	5/6/7/8A	£35,389 – £55,670
Paramedics	7	£53,724
Advanced Paramedics	8A	£55,670

# Skills Summary – Clinical Pharmacist

## Clinical Pharmacists:

- Clinical medication reviews for patients with single or multiple long – term conditions where medicines optimisation is required
- Reconcile medicines following discharge from hospitals or intermediate care and working with patients and community pharmacists to reduce the risk of readmission.
- Be involved in MDT clinical meetings within the PCN where appropriate
- Contribute to provision of out of hours/on call/extended services for the practice and the patients.
- Manage repeat prescription requests, resolving queries where possible within scope of practice.
- Implement changes to medicines in line with MHRA alerts, product withdrawal or shortage and other local or national guidance
- Maintain full and complete records of all patient contacts using appropriate clinical templates and coding
- Undertake a proactive role in audit and quality improvement implementing recommendations where appropriate.
- Provide independent information to patients with regard to medicines and prescribing changes
- Participate in review and setting of policies relating to medicines management and prescribing and help ensure practices prescribe in accordance with local guidelines and formulary
- Identify areas of clinical risk at network level and make recommendations to support the introduction of new working practices that will optimise the quality of prescribing and make more efficient use of network resources.
- Monitor network practices' prescribing against the local health economy and make recommendations for GP's or amend within scope of practice, based on findings.
- Maintain own clinical and professional competence and be responsible for own continuous professional development
- Work with practices to ensure full compliance with Care Quality Commission standards for safe and effective care

[Clinical Pharmacy \(llrtraininghub.co.uk\)](http://llrtraininghub.co.uk)

## Clinical Pharmacists:

- Prescribers
- LTC management
- Clinical medication reviews
- Management of patients with complex polypharmacy

# Clinical Pharmacist

## Benefits to the People they serve

- Patients often get to consult with pharmacists for two or three times longer than a doctor due to current GP workload intensity, eg 20–30 minutes, which they appreciate.
- Medications are checked regularly and are appropriate for patients' conditions, and this improves wellbeing and quality of life if reviews have previously been too infrequent. This reduces the likelihood of conditions worsening or leading to other complications and side effects that result in a future need for acute care.
- All prescribers in the practice can learn from the clinical pharmacist and therefore use increasing medicines knowledge and expertise to improve patient treatment.

## Benefits to the PCN

- Clinical pharmacists support the achievement of QOF indicators and quality improvement projects.
- Improvements in patient's safety. Changes in prescribing practice that can be implemented across the PCN e.g. MHRA alerts where a drug is withdrawn or indications change.
- Considerable savings can be made by improving prescribing processes across all prescribing staff.
- Clinical pharmacists forge closer links with community pharmacy and improve patient advice/signposting – All prescribers in the practice learn from the clinical pharmacist and therefore increase their own knowledge when consulting with and treating patients.
- Patient access increases as patients consult with the clinical pharmacist rather than GP's in the first instance for medication needs and advice as deemed appropriate.



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# Skills Summary – Pharmacy Technician

## Pharmacy Technician

**Pharmacy technicians** play an important role within general practice and complement the more clinical work of clinical pharmacist, through utilisation of their technical skillset.

Their deployment within primary care settings allows the application of their acquired pharmaceutical knowledge in tasks such as

- audits,
- discharge management,
- prescription issuing,
- (where appropriate), informing patients and other members of Primary Care Network (PCN) workforce.

Work is often under the direction of clinical pharmacists, and this benefit is realised through the creation of a PCN pharmacy team

...funding  
available for  
pre-registration  
trainee  
pharmacy  
apprenticeship  
programme

# Pharmacy Tech

## Benefits to the people they serve.

- Help to increase patient action to support and advise on taking medicines and medicines optimisation.
- Work in partnership with patients to ensure they use their medicines effectively.
- Provide specialist expertise, where able to demonstrate competence, to address both the public health and social care needs of patients, including lifestyle advice and service information.

## Benefits to the PCN

- Supervise practice reception teams in sorting and streaming general prescription requests, so as to allow GPs and clinical pharmacists to review the more clinically complex requests.
- Work with the PCN multi-disciplinary team to ensure efficient medicines optimisation, including implementing efficient ordering and return processes with a view to reducing wastage.
- Provide training and support on the legal, safe and secure handling of medicines, including the implementation of the Electronic Prescription Service (EPS).

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# Skills Summary - Dietician

## Dietician

**Dietitians** are healthcare professionals that diagnose and treat diet and nutritional problems, both at an individual patient and wider public health level. They:

- work in a variety of settings with patients of all ages, dietitians support changes to food intake to address diabetes, food allergies, coeliac disease, and metabolic diseases.
- translate public health and scientific research on food, health, and disease into practical guidance to enable people to make appropriate lifestyle and food choices

# Dietician

## Benefits to the people they serve.

- Receive advice on eating habits to help the patient improve their health and wellbeing
- Receive a tailored eating plan
- Receive support to manage conditions including diabetes, heart disease, being overweight and obesity, cancer, food allergies and intolerances
- Longer consultation times with dietitians leading to improved outcomes

## Benefits to the PCN

- Upskill other primary care professionals in nutrition
- Deliver more collaborative and coordinated nutrition care alongside their colleagues to benefit patient care
- Help to get patients better and keep them well

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for AHPS



# Skills Summaries for Care Co-ordinators, Social Prescribing Link Workers, and Health & Wellbeing Coaches.

## Care Co-Ordinator

Care co-ordinators provide extra time, capacity and expertise to support patient in preparing for or in following up clinical conversations they have with primary care professionals. They:

- Work closely with GPs and other primary care professionals within the PCN to identify and manage a caseload of identified patients
- Ensure that appropriate support is made available to them and their carers
- Ensure that their changing needs are addressed

[NHS England » Care co-ordination](#)

## Social Prescribing Link Worker (SPLW)

Link workers give people time and focus on what matters to that person as identified through shared decision making or personalised care and support planning. They:

- Connect people to community groups and agencies for practical and emotional support
- Work as part of the wider MDT and collaborate with local partners to support sustainable accessibility to community groups and enable new groups to be established
- Complement other approaches like active signposting and care co-ordination

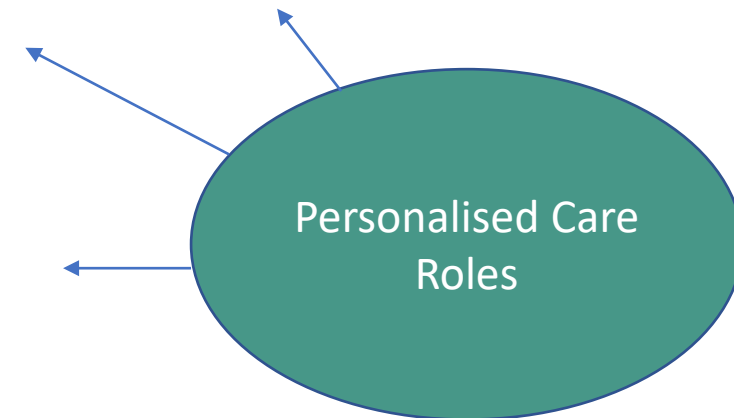
[NHS England » Social prescribing](#)

## Health and Wellbeing Coach (HWBC)

Health and wellbeing coaches will support people to develop knowledge, skills and confidence to actively participate in their own care so that they can achieve their health and wellbeing goals. They may also provide access to self management education, peer support and social prescribing. They will:

- Support people to identify existing issues and encourage proactive prevention of new and existing illnesses
- Use strong communication and negotiation skills
- Support personal choice and positive risk taking
- Identify needs, set goals, and help them to implement their personalised care plan

[NHS England » Health and wellbeing coaches](#)





# Care Coordinator

## Benefits to the people they serve.

- The patient's go-to person if their needs change or if something goes wrong with service delivery – The care coordinator ensures that there are no gaps in the patient's service provision – Many elderly and disabled people with highly complex needs struggle to coordinate with all the relevant services directly on their own – Improved patient education and understanding – Better health outcomes – Patients can eliminate unnecessary appointments, procedures and tests – Patients feel more empowered and actively engaged in their treatment

## Benefits to the PCN

- Ensuring seamless service provision significantly decreases the risk of the patient deteriorating and thereby reduces the overall cost of care and the likelihood that additional interventions will be needed in future.

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# Social Prescribing Link Worker

Benefits to the  
people they serve.

- People with LTCs and their carers benefit from access to additional, non-clinical support options via primary care. Patients experience positive outcomes associated with their health and wellbeing; and can become less socially isolated and more independent.

Benefits to the  
PCN

- SPLW can support medical interventions provided by GP's or other professionals within the MDT.
- Support requests for social support can be dealt with by SPLWs which allows other professionals to attend to patients with complex needs.

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Form

# Health & Wellbeing Coach

## Benefits to the people they serve.

- Interventions that 'coach' or actively support people to self-care.
- It is person-centred and empowering and based around a person's own aspirations and goals.
- There is an increased patient activation and increases in preventative behaviours and self-management.
- Shown to improve two-way communication and partnership working.
- Overall improved health outcomes

## Benefits to the PCN

- Support for people to self-manage their own health is increased and reduced demand for care due to improved patient wellbeing.
- Less waste identified from unnecessary tests and medication.
- Long term sustained benefits in terms of cost reductions and service development.
- There are reported increase in job satisfaction amongst health and care professionals actively using the approach.

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# Skills Summaries First Contact Practitioners, Mental Health Practitioners, Podiatrists & Occupational Therapists.

All roles in primary care can access Workforce Development Funding via the [llrtraining.hub@nhs.net](mailto:llrtraining.hub@nhs.net) to support their ongoing CPD and upskilling

## First Contact Practitioners

**First Contact Practitioners (FCP)** are qualified autonomous clinical practitioners who can assess, diagnose, treat, and manage musculoskeletal (MSK) problems and undifferentiated conditions – where appropriate – and discharge a person without a medical referral.

FCPs working in this role can be accessed directly by self-referral or staff in GP practices can direct patients to them to establish a rapid and accurate diagnosis and management plan to streamline pathways of care

## Podiatrist

Podiatrists working in primary care can provide assessment, evaluation and foot care for a range of patients, from those who are low risk to more long term, acute conditions; patients with diabetes (completion of diabetic foot checks), rheumatism, cerebral palsy, peripheral arterial disease / nerve damage.

Podiatrists must have a BSc to work in all settings, and the HEE Primary Care FCP training must be completed as the minimum threshold for entry to primary care (HEE primary care FCP training can begin 2-5 years after the completion of a postgraduate degree

## Mental Health Practitioner

**Mental Health Practitioners (MHP)** are employed and provided by the local community mental health services provider under a local service agreement, but wholly deployed by the PCN. They support population health management through providing a combined consultation, advice, triage and liaison function. Working with other PCN based roles as part of the MDT, MHPs can address the potential range of biopsychosocial needs of patients with mental health problems. Benefits include greater integrated pathways for patients, access to specialist mental health support, reduced waiting times, prevention of referrals to secondary care, and positive patient experiences.

## Occupational Therapists

Occupational Therapists (OT) working in primary care can work as part of the MDT to support patients who:

- are frail, with complex needs, live with chronic physical or mental health conditions.
- They are able to support patients with mental health difficulties with the completion of enablement assessments and provision of support such as activities groups, reviewing role and routines etc.
- Need rehabilitation so that they can continue with previous occupations / activities of daily living by prescribing equipment, minor adaptations to the home and assessment for major adaptations in conjunction with local authorities.

# First Contact Practitioners

- **First Contact Practitioners (FCP)** are a diagnostic clinician working in Primary Care at the top of their clinical scope of practice at Agenda for Change Band 7 or equivalent and above. This allows the FCP to be able to assess and manage undifferentiated and undiagnosed presentations.
- **A First Contact Practitioner service is provided by a registered health professional.**
- The PCN must ensure that each band 8a advanced practitioner has the following additional responsibilities:
  - They will assess and triage patients, including same day triage, and as appropriate provide definitive treatment (including prescribing medications following policy, patient group directives, NICE (national) and local clinical guidelines and local care pathways or make necessary referrals to other members of the primary care team
  - They will be able to manage undifferentiated undiagnosed conditions and identify red flags and underlying serious pathology and take appropriate action
  - They will use complex decision making to inform the diagnosis, investigation, and complete management of episodes of care within a broad scope of practice
  - They will actively take a personalised care approach and population centred care approach to enable shared decision making with the presenting person
  - They will have completed the relevant training in order to provide multi-professional clinical practice and CPD supervision to other roles within the PCN.

The following professions have either been mapped or are being mapped against the FCP title:-

Profession	FCP – Road Map to Practice Confirmed
Physiotherapist	Oct 2020
Paramedic	Jan 2021
Podiatrist	Mar 2021
Occupational Therapist	Oct 2021
Dietitian	Nov 2021

# First Contact Practitioners

## Benefits to the people they serve.

- Quick access to expert physiotherapy assessment, diagnosis, treatment and advice
  - Leading to - Prevention of short-term problems becoming long-term conditions/ Improved patient experience/ A shorter pathway, so patients have fewer appointments to attend and simple logistics, so patients are less likely to miss appointments or to suffer administrative errors
  - Opportunities to gain lifestyle/physical activity advice
  - Longer appointment times, meaning patients feel listened to, cared for and reassured
  - By 2024, all adults in England will be able to see a musculoskeletal first contact physiotherapist at their local GP practice without being referred by a GP.

## Benefits to the PCN

- Reduced prescription costs
- In-house physiotherapy expertise gained
- Increased clinical leadership and service development capacity
- Support in meeting practice targets
- Making this part of the GP business model can optimise resources and reduce costs



## FCP Road Maps



## Exemplar Appraisal Form & additional guidance

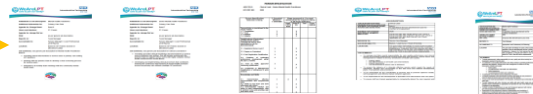
# Mental Health Practitioners

## Benefits to the people they serve.

- Easier access to mental health services in a community setting, i.e. closer to home
- Improved mental health helps people to better manage their physical health
- Improved recovery – self-referrals tended to require fewer sessions, health outcomes and quality of life
- Improved equity of access for patients with both mental and physical health conditions.

## Benefits to the PCN

- Improved access – therapists can see patients, via self or GP referrals (where appropriate), that would otherwise access their GP.
- Reduction in prescribing for mental health conditions if patients can access psychological therapies sooner
- Improved clinical reach, eg for PTSD, social anxiety disorder, OCD etc.

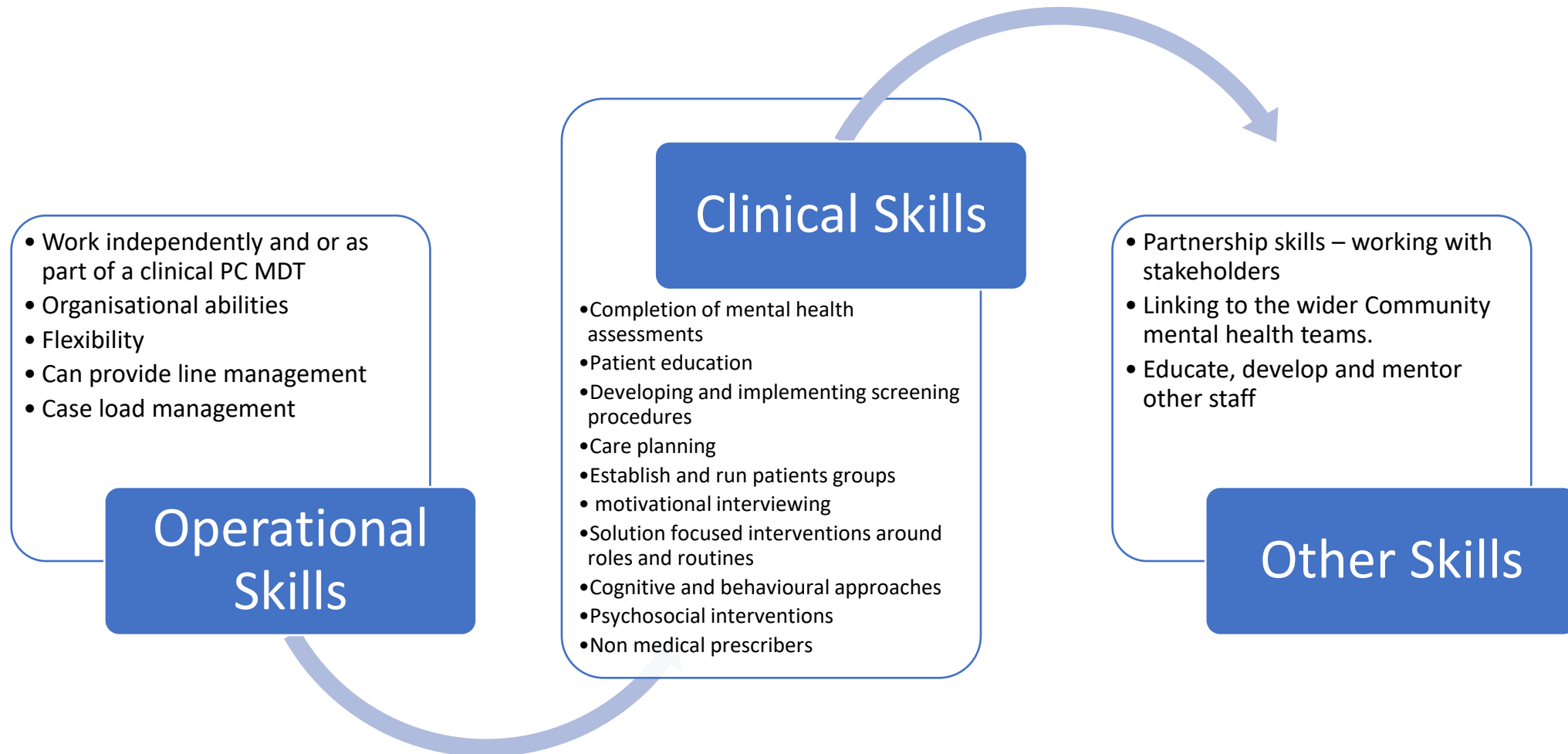


Exemplar JDs & PSs



Exemplar Appraisal Form

# Mental Health Practitioners Skills across all Bands





# Podiatrist

## Benefits to the people they serve.

- Access to screening, diagnostics and tailored care plans
- Increased access to the right care, closer to home
- Patients are kept active and mobile
- Support people to manage their condition so that they can recover faster and stay in work and/or return to work earlier
- Receive education and advice on inappropriate footwear, which can contribute to poor balance and an increased risk of certain conditions or risk of falling
- Prevent and correct deformity, relieve pain and treat infections.

## Benefits to the PCN

- Work with other healthcare professionals such as dieticians, GPs, nurses and physiotherapists
- Help reduce patient attendance at the practice by intervening early and helping them stay well
- As highly skilled healthcare professionals, podiatrists within primary care can prescribe independently.

Exemplar JD

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for AHPS

# Occupational Therapist

## Benefits to the people they serve.

- Improves the individual patient's independence
- Improves specific self-care skills
- Therapists provide compensatory techniques to improve an individual's ability to complete self-care tasks following a change in functional abilities
- Improve strength and endurance for functional tasks
- Can work on functional cognition and visual deficits with the therapist
- Benefit from caregiver training from the therapists
- Patients receive expert advice in adaptive equipment and home modifications, such as, through home evaluations.

## Benefits to the PCN

- Can work as part of the multidisciplinary general practice team
- Deliver more collaborative and coordinated selfcare and environmental adjustments advice alongside their colleagues to benefit patient care
- Help to better manage the patient's own selfcare, keep them well and reduce visits to the practice the patient may have otherwise needed to make.



Exemplar JD



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for AHPS

# Upcoming events hosted via the Royal College of OTs

Event Name	Event Details	Joining Instructions
GP Drop in – meet OTs and get answers to your questions. For GPs, clinical directors, business managers, workforce planners, practice nurses, education leads.	Once a month 12.30-1pm. Upcoming dates 8 June, 20 July, 17 August, 21 September 2022.	Please email <a href="mailto:genevieve.smyth@rcot.co.uk">genevieve.smyth@rcot.co.uk</a> @RCOT_Gen To join the event
Primary Care Monthly Drop-in Sessions – learn and develop with other OTs in primary care. For OT students, clinicians, managers, educators, researchers.	Once a month 12.30- 1.30/2pm. Upcoming dates 24 May, 23 June, 21 July, 25 August, 22 September, 27 October, 24 November, 15 December.	Please book via the RCOT <a href="#">event page</a>

# Skills Summary - Nurse Associate

## Nurse Associate

The nursing associate is a new support role in England that bridges the gap between healthcare support workers and registered nurses to deliver hands-on, person-centred care as part of the nursing team. The role was introduced to help build the capacity of the nursing workforce and the delivery of high-quality care. It will be a vital part of the wider health and care team and aims to:

- Support the career progression of healthcare assistants
- Enable nurses to focus on more complex clinical work
- Increase the supply of nurses by providing a progression route enable nurses to focus on more complex clinical work
- increase the supply of nurses by providing a progression route into graduate-level nursing

Nursing Associates are:

- A bridging role between healthcare support workers and registered nurses
- Trained to foundation degree level (through an apprenticeship route facilitated by the LLR Training Hub [llrtraining.hub@nhs.net](mailto:llrtraining.hub@nhs.net) )
- A registered role

[Nursing Associate \(llrtraininghub.co.uk\)](http://NursingAssociate(llrtraininghub.co.uk))

### Nursing associate

6 platforms

Be an accountable professional

Promoting health and preventing ill health

Provide and **monitor** care

Working in teams

Improving safety and quality of care

**Contributing to** integrated care

### Registered nurse

7 platforms

Be an accountable professional

Promoting health and preventing ill health

Provide and **evaluate** care

**Leading and managing nursing care** and working in teams

Improving safety and quality of care

**Coordinating** care

**Assessing needs and planning care**

**NMC** Nursing & Midwifery Council

...full funding available for trainee nurse associates

# Nursing Associate/ Trainee Nurse Associate

## Benefits to the people they serve.

- Nursing Associates are making a great contribution to patient care and service delivery by:
  - Improved patient communication.
  - Assisting registered nurses with a greater range of care- giving responsibilities.
  - They are able to be more patient- centred and act as a patient advocate.
  - They are able to identify and escalate concerns with patients deteriorating health,
  - Display leadership qualities and support other trainees' development and exchange skills, knowledge and good practice enhancing the quality of services.

## Benefits to the PCN

- Employers have the opportunity to invest in the nursing associate role as part of wider workforce planning and skills mix transformation. An independent evaluation of the first two waves of the nursing associates programme revealed a number of benefits arising from the introduction of the role, including:
  - Improved service delivery and increased patient access as nursing associate develops new skills and competencies.
  - Nursing associates can take on additional skills (within their scope of practice) allowing practice nurses to spend time with more complex patients eg: cervical screening.
  - Nursing associates can support with the achievement of QOF indicators.
  - Improved staff retention through career progression.
  - Introducing the Nursing Associate role provides a recognised career pathway for bands 1-4 staff
  - Funding available via ARRS/apprenticeship route
  - The ability to 'grow your own' and develop your own nursing workforce

Exemplar JD

Exemplar Appraisal  
Form

# Skills Summaries – Physician Associates & Paramedics

## Physician Associates:

- Take medical histories from patients
- Carry out physical examinations
- See patients with undifferentiated diagnoses
- See patients with long-term chronic conditions
- Formulate differential diagnoses and management plans
- Perform diagnostic and therapeutic procedures
- Develop and deliver appropriate treatment and management plans
- Request and interpret diagnostic studies
- Provide health promotion and disease prevention advice for patients

[Physician Associates \(lrtraininghub.co.uk\)](http://lrtraininghub.co.uk)

...£5k  
preceptorship  
funding for  
Physician  
Associates new  
to primary care

## Paramedics

- competently use the medical/biopsychosocial model to assess, examine, treat and manage patients of all age ranges with a variety of acute undifferentiated and chronic conditions
- triage patients, carry out telephone consultations, undertake face-to-face consultations, carry out home visits (including residential and nursing homes)
- request, review, and act on laboratory results
- paramedics can refer to specialist services or certain investigations as appropriate
- paramedics can see patients presenting with acute or urgent (same-day) problems, as well as offering pre-booked and routine appointments
- paramedics are also able to mentor and supervise students from a range of health and social care backgrounds

[Paramedics \(lrtraininghub.co.uk\)](http://lrtraininghub.co.uk)

# Physician Associate

## Benefits to the people they serve.

- Ability to have longer consultations with patients as required.
- As an additional member of the workforce, PAs should decrease access to care.
- Patients may be given a longer appointment with a PA to help address unmet medical needs

## Benefits to the PCN

- Ensures a level of continuity and added value
- PAs can take part in audits and quality improvement
- Practice workload is supported by an extra generalist resource – Easier access often results in better patient satisfaction

Exemplar JD



Exemplar Appraisal  
Form



# Paramedics

## Benefits to the people they serve.

- Can undertake home visits
- Supports delivery of Enhanced Health in Care Homes
- Practice workload is supported by an extra generalist resource increasing capacity to provide the most appropriate response first time to 999 calls and providing proactive care within the community
- Patient care improves due to the increase in access and timely interventions by skilled paramedics
- Undertake acute home visits on behalf of GPs, especially for local elderly or immobile population
- Increased clinical leadership and service development capacity

## Benefits to the PCN

- Reduction in waiting times for patients accessing urgent care
- Reduction in avoidable trips to A&E attendances and associated admissions
- Relieve workload pressure and reduce impact on ambulance and secondary care.



Exemplar JD



Exemplar  
Appraisal Form



# Admiral Nurse

## Key Documents



### What do they do?

- Admiral Nurses are specialist dementia nurses working alongside families and professionals to support with:
  - understanding the diagnosis, anticipating changes that might happen in the person with dementia's personality and behaviour
  - putting in place coping mechanisms to manage change, such as sleep disturbances, incontinence, false beliefs and delusions, as well as managing other complex health conditions

### Benefits to the people they serve.

- Admiral Nurses contribute to improving the quality of life for families and savings in health and social care systems by:
  - intervening quickly when needed on a case-by-case basis, avoiding costly crises, reducing unnecessary hospital admissions and delaying entry into residential care
  - co-ordinating health and social care services, to ensure the best care for the person with dementia and the best support for their family
  - Extensive clinical knowledge and experience means they can support families and people with dementia through the most complex of situations.
  - Offer personalised and flexible support, advising families on all aspects of dementia, from managing symptoms, including distressed behaviour and sleep disturbance, to improving family communication and relationships.
  - Help families manage other health care issues such as frailty and end of life care.
  - Help coordinate a person's care, due to their understanding of the health and social care systems. Advocate for families who might not know the best questions to ask, or who to ask them of, and can help families prepare for complicated processes such as continuing healthcare assessments or finding suitable long-term care.
  - Focus on the family as a whole, including making sure carers have the support and skills they need. They equip carers with stress management techniques and coping strategies, and can help them to make contact with local respite services.
  - They also provide specialist carer education and training.

### Benefits to the PCN

- Admiral Nurses are continually trained, developed and supported by Dementia UK.
- The combined direct work with families, and the guidance and supporting best practice interventions, allows Admiral Nurses to deliver a system-wide approach to improve dementia care within primary care networks.
- Admiral Nursing services within primary care settings operate in a multidisciplinary way to provide high quality, integrated, post diagnostic support and in doing so improve families experience of care. Admiral Nursing services:
  - deliver holistic and person-centred dementia care at a Tier 3 level, providing specialist support to families who are facing high levels of complexity
  - provide professional supportive education and liaison to individuals and support services working in the field of dementia care across all aspects of service provision. They offer training, and supervision, to promote best practice in dementia care and are actively involved in the strategic design and development of services
  - work closely with existing services and a key aim is to support greater integration and joint working of services for people with dementia and their carers
- Improve outcomes for people with dementia and their families and meet the requirements of PCN service specifications. Some examples of Admiral Nurse roles contributing to outcomes are given below:
  - Contributing to an increase in dementia diagnosis
  - Having a key role in the advance care plan offer to dementia patients
  - Ensuring regular reviews of patients with dementia
  - Supporting best practice

# Funding Opportunities for Admiral Nurses

The Admiral Nurse is a Band 7 (NHS Agenda for Change Pay Scale), it is advised that PCNs recruit 1 Admiral Nurse per 1000 dementia patients.

Dementia UK Management & PDP Fee (see key documents for Admiral Nurses): *to be paid by practices or the PCN*

- Year 1 - £4000
- Annual fee thereafter - £2000

Other Funding options:

- Practices fund the role through their workforce base budget
- PCNs adapt the ARRS Care Coordinator role to fit the Admiral Nurse Job Description to provide baseline funding with PCNs providing the top up funding
- PCNs jointly fund a shared Admiral Nurse (1 Admiral Nurse per 1000 dementia patients)

# Additional Workforce Strategies to Use

Use a skills matrix to deploy staff across the practice in a different way to maximise service delivery.

Practices within a PCN to share staff as required using a workforce sharing agreement.

Establish safe staffing levels

Practices within a PCN to share rotas to maximise staff deployment

Neighbouring PCNs to share staff as required using the workforce sharing agreement.

Reach out to the system for workforce support if possible.

Consider joined up recruitment between Practices within a PCN or within neighbouring PCN's.

Continue to look after staff health and wellbeing. And link in with the Mental Health First Aiders as required.

Consider paying O/T payments faster if possible.

Use networks formal/informal to ask for workforce support.

If you are part of a Federation – investigate feasibility of sharing staff across this demographic.

# Additional Resources

- **Wessex tool Project overview** useful in workforce planning in using a task based approach in considering various roles, the differences, overlap, benefits.
- **ARRS roles in PC New Roles in Primary Care Guidance** This Health Education England Primary Care National Toolkit has been created to enable PCNs to develop their workforce. It refers not only to ARRS roles but to all new roles in Primary Care.
- **The primary care network handbook** <https://www.bma.org.uk/media/2144/bma-pcn-handbookmarch-2020.pdf> pages 8-13 in particular.
- **Appraisal's:** Appraisal is an annual requirement for NHS staff. Below links offer some guidance and structure for the appraisal process which can be adapted by individuals and practices to meet their specific needs:
  - NHSE's document - AHPs working in Primary Care - a reference guide for PCNs
  - <https://www.england.nhs.uk/south-east/our-work/info-professionals/medical/south-east>
  - KSS Multi-professional appraisal toolkit

# Next Steps

Further information (to be provided) in relation to:

- ARRS Finance
- ARRS Workforce Education & Training Offers
- ARRS Workforce Planning/ Deployment, Recruitment & Retention Options

ARRS Workforce Informal Clinics hosted by the PC Workforce Transformation Team, every 3 weeks to support reactive ARRS workforce queries.

# Contact Details

## **Primary Care Workforce Transformation Team**

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