

**Primary Care Commissioning Committee
Extraordinary Meeting**
Thursday 23 July 2020, 4pm – 4.30pm
Via Microsoft Teams [Join Microsoft Teams Meeting](#)

	Agenda Item	Desired Outcome(s)	Contributor	Papers/Times
1	Welcome and Introductions: Apologies: GH, KH, DW		Graham Smith CHAIR	4:00 – 4.05
2	Declarations of Interest		Graham Smith CHAIR	
3	Additional Roles Reimbursement Scheme – Principles for Flexible Use of Funding	To Approve	Wendy Newton	4:05 – 4.25 Paper A
4	Any Other Business		Graham Smith CHAIR	4.25 – 4.30
5	Date of Next Meeting PCCC – Thursday 3 September 2020, 3pm – 5pm			

MEETING:	Primary Care Commissioning Committee	AGENDA ITEM:	A
DATE:	Thursday 23 July 2020		
TITLE:	Additional Roles Reimbursement Scheme – Flexibility for Use of Funding		
AUTHOR:	Wendy Newton, Primary Care Transformation Manager		
LEAD DIRECTOR:	Louise Smith, Interim Director Primary Care & Transformation		

Reason for presenting this paper:	
For Action	
For Approval	✓
For Decision	
For Assurance	
For Information	

Summary of Purpose and Scope of Report:

As part of the 2020/21 PCN DES participation process, the CCG committed to work flexibly with PCNs to ensure that use of the ARRS funding best serves their population needs. In order to do this the CCG recognises that additional flexibility is required.

The CCG commits to supporting PCNs with their workforce plans and proposes the following principles to allow local flexibility to ensure the most appropriate use of the available funding:

- 1 If within the 10 standard roles outlined by NHSE then recruitment can commence ASAP.
- 2 Funding requests for any role activity that sit outside of the ten ARRS roles in the National Network DES Specification must demonstrate
 - Alignment to the NHS England Long Term Plan and COVID-19 recovery as per NHSE phasing expectations
 - Consideration of the health needs of their population and associated workforce requirements of any subsequent services
 - How it sits within the wider integrated model of care in Buckinghamshire with other health and social care providers as part of the Integrated Care Partnership (ICP)
- 3 PCNs must assure the commissioner that they can achieve all of the requirements of the PCN DES and any supplementary network services that they have signed up to. This may include alternative provision or redesign of current practice.
- 4 There should be a clear role description for any proposed additional role which should not duplicate posts / services elsewhere in the local health system
- 5 Total use of funding must not exceed the PCNs ARRS indicative funding envelope. The PCN need to demonstrate an understanding of the on-going commitment to that level of costing through the scheme and have a clear exit strategy etc.
- 6 Must demonstrate additionality

The PCCC is asked to approve the principles and workforce planning support to allow local flexibility of the ARRS funding and therefore progress against the LTP and recovery expectations whilst noting

- The ten ARRS roles specified by NHSE in the DES
- The local proposal for flexibility around use of ARRS funding and the roles with the implementation of the approval principles above
- The local proposal for CCG support to PCN workforce plans
- The limited potential for financial risk associated with local flexibilities against the higher risk of not

spending the money and not achieving the LTP and COVID-19 recovery expectations.

Conflicts of Interest:

Member GPs where partners in member GP practices would ultimately benefit from the Additional Roles Reimbursement Scheme (via their PCNs). However they are not formal voting members and therefore do not form part of quorum required to make decisions under delegated authority from the Governing Body.

Member GPs are free to remain in the meeting of the Primary Care Commissioning Committee, and may participate in discussion at the discretion of the Chair, who as a lay member is not conflicted

Strategic aims supported by this paper: (please tick)

Better Health in Bucks – to commission high quality services that are safe, accessible to all and achieve good patient outcomes for all	✓
Better Care for Bucks – to commission personalised, high value integrated care in the right place at the right time	✓
Better Care for Bucks – to ensure local people and stakeholders have a greater influence on the services we commission	✓
Sustainability within Bucks – to contribute to the delivery of a financially sustainable health and care economy that achieves value for money and encourages innovation	✓
Leadership across Bucks – to promote equity as an employer and as clinical commissioners	<input type="checkbox"/>

Governance Element	Y	N	N/A	Comments/Summary
Patient & Public Involvement	✓	<input type="checkbox"/>	<input type="checkbox"/>	
Equality	<input type="checkbox"/>	<input type="checkbox"/>	✓	
Quality		<input type="checkbox"/>	✓	
Financial		<input type="checkbox"/>	✓	
Risks		<input type="checkbox"/>	✓	
Statutory/Legal			✓	
Prior consideration Committees / Forums / Groups	✓			
Membership Involvement	✓	<input type="checkbox"/>	<input type="checkbox"/>	

Supporting Papers:

Additional Roles Reimbursement Scheme – Principles for Flexible Use of Funding

Primary Care Networks Additional Roles Reimbursement Scheme
Principles for Flexible Use of Funding

Background

The NHS England document [Investment and Evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan](#) announced a package of support for PCNs which was aimed at introducing new workforce roles to general practice in order to address historic workforce challenges and enable new services to be supported. Investment via the Additional Roles Reimbursement Scheme (ARRS) aims to facilitate this additional capacity and a workforce baseline was established to enable commissioners to assess progress and associated claims under the scheme.

The Network DES Specification¹ outlines the criteria for use of the ARRS funding which is available to support the recruitment of new additional staff to deliver health services. From within their allocated sum, a PCN may claim reimbursement for staff across 10 eligible roles, in accordance with the terms set out in the DES Specification summarised in the table below.

Roles	Limit on number eligible for reimbursement	AfC Band	Annual reimbursable per role¹² (£)	maximum amount
Clinical Pharmacists	No limit	7-8a	55,670	
Pharmacy Technicians	One individual pharmacy technician per PCN where the PCN's Patients number 99,999 or less. Two individual pharmacy technicians per PCN where the PCN's patients number 100,000 or over.	5	35,389	
Social Prescribing Link Workers ¹³	No limit	Up to 5	35,389	
Health and Wellbeing Coaches	No limit	Up to 5	35,389	
Care Co-ordinators	No limit	4	29,135	
Physician Associates	No limit	7	53,724	
First Contact Physiotherapists	One WTE per PCN where the PCN's Patients number 99,999 or less. Two WTE per PCN where the PCN's patients number 100,000 or over.	7-8a	55,670	
Dieticians	No limit	7	53,724	
Podiatrists	No limit	7	53,724	
Occupational Therapists	No limit	7	53,724	

¹ [Network DES Specification 2020/21](#)

(The ARRS Guidance states that GP practices should continue to fund all other staff groups including GPs and nurses in the normal way through the core practice contract, which grows by £978 million of new annual investment by 2023/24).

Indicative Allocations

For 2020/21 the indicative ARRS allocation for a PCN has been calculated using £7.131 per PCN weighted patient as at 1 January 2020 as per national guidance. In addition to this year's allocation, PCNs will be able to utilise allocated respective underspends from 2019/20. Therefore the 12 Bucks PCNs have been informed of the following indicative allocations:

PCN	PCN Name	PCN Code	Retrospective Underspends From 2019/19	Indicative Funding 20-21	Indicative Total
BUPCN01	North Bucks PCN	U77200	£19,602.43	£469,610.23	£489,212.66
BUPCN02	Aylesbury Vale South PCN	U88743	£36,642.44	£338,610.96	£375,253.40
BUPCN03	MAPLE PCN	U82404	£28,991.70	£272,955.23	£301,946.93
BUPCN04	BMW PCN	U72129	£37,576.44	£257,936.04	£295,512.48
BUPCN05	Westongrove Partnership	U53775	£17,997.01	£213,704.69	£231,701.70
BUPCN06	Arc Bucks PCN	U23821	£32,579.25	£597,314.00	£629,893.25
BUPCN07	Mid Chiltern PCN	U59622	£29,232.63	£294,555.87	£323,788.50
BUPCN08	Cygnets PCN	U01916	£10,209.79	£306,117.02	£316,326.81
BUPCN09	Dashwood PCN	U67475	£28,319.53	£351,092.66	£379,412.19
BUPCN10	Chesham & Little Chalfont PCN	U47184	£53,941.75	£233,154.60	£287,096.35
BUPCN11	The Chalfonts PCN	U92384	£31,233.87	£222,945.98	£254,179.85
BUPCN12	South Bucks PCN	U71897	£30,736.24	£233,564.40	£264,300.64
			£357,063.08	£3,791,561.68	£4,148,624.76

A requirement of the Network DES is for every PCN to complete and return to the commissioner a workforce plan, using the agreed national template², providing details of its recruitment plans for 2020/21 by 31 August 2020 and indicative intentions through to 2023/24 by 31 October 2020.

The information provided in the PCNs workforce recruitment plans for 2020/21 will enable the CCG to work with PCNs to estimate the financial entitlement the PCN is likely to claim under the 2020/21 ARRS by 31 March 2021. This estimation will be shared and agreed with the individual PCNs and the information shared with the LMC. If this estimate indicates an underspend then other Bucks PCNs will have the opportunity to bid for this "unclaimed funding" for the purpose of recruiting further Additional Roles in accordance with the criteria outlined in the Network Contract DES specification³.

Need for Local Flexibility

As part of the 2020/21 PCN participation process, the CCG agreed to work flexibly with PCNs to ensure that use of the ARRS funding best served their population health needs, aligned with local provider services and supported the ICP integration agenda. The CCG invited PCNs to come forward where they had requests for potential flexibilities⁴. This has resulted in several local discussions regarding workforce aspirations including the following:

- to build additional workforce capacity through roles outside of the national specification.
- to use allocations flexibly by employing senior staff at a pay band above the stated maximum

² [PCN Workforce Planning Template](#)

³ [Network Contract Directed Enhanced Service - Contract Specification 2020/21 - PCN Requirements and Entitlements \(March 2020\). 6.5 PCN Additional Roles Planning and Distribution of Additional Roles Reimbursement Scheme Funding](#)

⁴ [PCN DES 2020/21 Questions & Answers](#)

- use of the funding to cover the management and operating costs for some roles e.g. social prescriber link workers

CCG Proposed Commitment 1

The CCG remains committed to supporting PCNs' aspirations and subsequent workforce plans and therefore propose the following principles to allow local flexibility and ensure the most appropriate use of the available funding:

- If within the 10 standard roles outlined by NHSE then recruitment can commence ASAP.
- Funding requests for any role activity that sit outside of the ten ARRS roles in the National Network DES Specification must demonstrate
 - Alignment to the NHS England Long Term Plan and COVID-19 recovery as per NHSE phasing expectations
 - Consideration of the health needs of their population and associated workforce requirements of any subsequent services
 - How it sits within the wider integrated model of care in Buckinghamshire with other health and social care providers as part of the Integrated Care Partnership (ICP)
- PCNs must assure the commissioner that they can achieve all of the requirements of the PCN DES and any supplementary network services that they have signed up to. This may include alternative provision or redesign of current practice.
- There should be a clear role description for any proposed additional role should which should not duplicate posts / services elsewhere in the local health system
- Total use of funding must not exceed the PCNs ARRS indicative funding envelope. The PCN need to demonstrate an understanding of the on-going commitment to that level of costing through the scheme and have a clear exit strategy etc.
- Must demonstrate additionality

CCG Proposed Commitment 2

In order to ensure that the above requirements for flexible ARRS budgets can be met the Primary Care Team proposes to actively offer support to PCNs with their workforce plans. This is anticipated to enable maximum benefit from their ARRS allocations, training requirements are anticipated and met and any synergies with provider expertise / resource are maximised.

Financial Risks

The ARRS is funded directly through NHSE for which there is a template submission. In 19/20 our underspend was allocated to the CCG to pass down to PCNs to utilise. Any potential for financial risk in year would be mitigated by:

- The fact that we are already part way through the year so recruitment impact likely to be reduced
- known difficulty of recruiting
- ensuring PCNs understand the on-going commitment to that level of costs and have agreed an exit strategy if necessary.

It should be recognised that if all potential posts were filled, then this would be a great move forward on the transformation agenda and has the potential to reduce activity elsewhere in the system.

By providing PCNs with flexibilities for use of the ARRS funding we would enable PCNs to increase their staffing capacity and expertise to effectively meet the needs of their patient population. This will allow opportunities for PCNs to not only meet the requirements of the Network Contract DES, but also to fulfil and maximise other patient services and income streams via the Care Homes SNS, QOF, Locally Commissioned Services and other Directed Enhanced Services.

Requirement of PCCC

The PCCC is asked to approve the principles and workforce planning support to allow local flexibility of the ARRS funding and therefore progress against the LTP and recovery expectations whilst noting

- The ten ARRS roles specified by NHSE in the DES

- The local proposal for flexibility around use of ARRS funding and the roles with the implementation of the approval principles above
- The local proposal for CCG support to PCN workforce plans
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