



For All London Practices supported by Londonwide LMCs

The Additional Roles Reimbursement Scheme (ARRS) is the most significant financial investment element within the Network Contract DES; it is designed to provide financial reimbursement for Primary Care Networks (PCNs) to build workforce capacity. This will be done via an investment mechanism first used as part of the General Practice Charter in 1966, when 70% staff reimbursement of nursing and reception staff was introduced, and is now widely recognised as having been a pivotal part of the revitalisation of UK general practice at that time.

The ARRS investment sum will rise from £110 million in 2019/20 to £891 million in 2023/24, which for an average 50,000 sized network equates to £92,000 in 2019/20 rising to £726,000 by 2023/24, with an estimated 20,000+ reimbursable additional posts providing workforce capacity to support practices.

The ARRS will increase incrementally over five years; 70% of the on-going salary costs of these posts, except for social prescribing link-workers' 100%, will be met by the scheme.

The eligible maximum reimbursable pay that can be claimed by a PCN will be (section 1.26):

- Weighted average salary on the Agenda for Change band,
- Associated employer on-costs.

The five reimbursable roles are:

- Clinical pharmacists from 2019,
- Social prescribing link workers from 2019,
- Physician associates from 2020,
- First contact physiotherapists from 2020,
- First contact community paramedics from 2021.

These posts have been identified as ones for which personnel will be available, which already provide proven benefit within some practices, and their role links to delivering relevant elements of the NHS Long Term Plan, via the National Service Specifications.

A description of the intended role/core responsibilities for these posts is attached, although it will be for PCNs to decide the job description of their own staff. PCNs will have flexibility to choose to recruit across their roles, noting that NHS England intends that every GP practice should have access to a pharmacist. To support this the existing Clinical Pharmacists in General Practice Scheme, will be subsumed into the ARRS.



The scheme cannot be used to fund existing workforce with the exception of clinical pharmacists employed as part of it. This prior scheme has tapered rather than recurrent funding and these staff can be transferred into the new scheme. PCNs will decide who will be the actual employer; this may be a lead practice, GP federation, NHS provider or social enterprise partner.

In 2019/20 introductory arrangements will apply; every network >30,000 population will be able to claim 70% funding for one WTE clinical pharmacist and 100% funding for a WTE social prescribing link-worker, unless the CCG agrees to a different request, ie, two clinical pharmacists or two social prescribing link-workers. For 2020/21, each PCN will be allocated a single combined maximum reimbursement sum covering all five roles. This will be based on weighted capitation, with the exact weighting mechanism confirmed during this year. Detailed guidance on payments, data monitoring and assurance will be published during 2019. This expenditure will only occur if PCNs recruit to these posts.

Other workforce support agreed within the Contract Agreement includes continuing the following programmes:

- GP retained and retention schemes,
- Practitioner Health Programme across England,
- GP Forward View Practice Resilience Scheme.

During 2019 NHS England is introducing a two-year Primary Care Fellowship Programme available to newly qualified GPs and nurses entering general practice; further details of this programme are awaited.

Dr Michelle Drage, CEO of Londonwide LMCs - with thanks to Dr Julius Parker, CEO of Surrey and Sussex LMCs; Dr Matt Mayer, CEO of BBOLMCs, and Alex Orton and Sam Dowling of Londonwide LMCs.



Annex

Workforce (National Level): New workforce will be introduced gradually via the following national levels:

Role	AfC Scale	2019/20	2020/21	2021/22	2022/23	2023/24
Clinical pharmacists	7-8a	2,083	3,700	5,000	5,500	7,500
Social prescribers	5	1,300	2,100	2,900	3,600	4,500
First contact physios	7-8a	0	500	1,200	3,000	5,000
Physicians associates	7	0	500	1,250	2,100	3,000
Community paramedics	6	0	0	500	1,200	2,000
Total		3,483	6,800	10,850	15,400	22,000

Workforce (Network Level):

- The above table shows the national maximum allocations for each role, NHS England have not so far committed to any funding over and above these numbers.
- GPC and NHS England base all examples and stats on approximations; 1,200 PCNs of average 50,000 patients each across the whole of England.
- Based on that, the average maximum network level funding for additional staff shown above, year on year over the next five years together with total national funding is shown on the table below.

	2019/20	2020/21	2021/22	2022/23	2023/24
National total	£110m	£257m	£415m	£634m	£891m
Avg. max funding per network	£92,000	£213,000	£342,000	£519,000	£726,000

- A network may choose to hire more of one type of role in exchange for less of another, subject to CCG approval.
- Similarly, based on a 50,000 network, the following will be the maximum numbers of staff that each network will be able to hire.

	2019/20	2020/21	2021/22	2022/23	2023/24
Clinical pharmacists	1-2	3	4	4-5	6
Social prescribing link workers	1	1-2	2-3	3	3-4
First contact physios		0-1	1	2-3	4
Physicians associates		0-1	1	2	2-3
Community paramedics			0-1	1	1-2