

NHS Rotherham Clinical Commissioning Group

Primary Care Sub Group – 25 September 2019

Primary Care Committee – 09 October 2019

Additional Roles for Primary Care Networks: an update

Lead Executive:	Chris Edwards, Chief Officer
Lead Officer:	Rachel Garrison, Senior Contract Manager (Primary Care)
Lead GP:	Dr Avanthy Gunasekera, SCE GP Lead for Primary Care

Purpose:

To brief the committee on developments regarding additional roles within Primary Care Networks (PCNs).

Background:

Investment & Evolution outlined that in the absence of sufficient levels of GP and nurse supply, practices have been creating other roles faster than anticipated: over 5,000 extra nationally in the past three years, achieving NHS England's target two years early.

Expansion of the multi-disciplinary team has been given a boost, through a new reimbursement mechanism within the Network Contract DES for PCNs. As a means of building capacity, direct reimbursement has distinguished antecedence in the form of the 1965 General Practice Charter¹⁸; proposed by the BMA and implemented in 1966, the Charter successfully established nurses and receptionists within general practice through a 70% reimbursement model. The Additional Role Reimbursement Scheme was established as part of the new Network Contract DES, starting from 1 July 2019.

The funding for the scheme is intended to create up to an estimated 20,000+ additional posts in five specific different primary care roles. These five reimbursable roles are clinical pharmacists, social prescribing link workers, physician associates, first contact physiotherapists and first contact community paramedics.

The scope of the scheme extends gradually. This reflects available supply and funding:

- in 2019 it starts with clinical pharmacists and social prescribing link workers only;
- in 2020 physician associates and first contact physiotherapists are added; and
- in 2021 it includes first contact community paramedics.

Reimbursement varies between roles; 70% of the actual ongoing salary costs of additional clinical pharmacists, physician associates, first contact physiotherapists and community paramedics - and 100% of the actual on-going salary costs for social prescribing link workers - will be met, up to the relevant maximum amounts.

Delegation responsibility:

Please tick which area of delegated responsibility this paper covers:

Commissioning, procurement and management of GMS,PMS and APMS contracts including taking contractual action	
Newly designed enhanced services (including DES)	
Local incentive schemes	
Discretionary payments	✓
Commissioning urgent care for out of area registered patients	
Planning Primary medical care services (PMCS)	✓
Managing practices with CQC concerns	
Decisions on premise cost directions	
Planning the commissioning of PMCS	
Manage the delegated allocation for commissioning of PMCS	
Assurance to the governing body on the quality and safety of PMCS	

Analysis of key issues and of risks

Rotherham currently has clinical pharmacists in place in 4 of the 6 PCNs, employed via the Federation. As employment hasn't yet reached capacity we have projected underspend:

Forecast Underspend 2019/20

Maltby / Wickersley PCN	-£15,334
Raven PCN	-£21,006
Rotherham Central North PCN	-£15,334
Wentworth 1 PCN	-£15,334
Health Village / Dearne Valley PCN	-£24,787
Rother Valley South PCN	-£24,787
Total	-£116,583

Notes

- This is projected underspend after the CCG has made maximum role reimbursement outlined below
- It is based on additional roles in post as at 01.07.19
- It assumes all other additional roles i.e. Social Prescribing Link Workers are in place by 01.10.19

NHS England has asked CCGs to identify schemes to increase spend on this heavily ring-fenced funding before year end. Both the Senior Contract Manager for Primary Care and the Deputy Head of Financial Management have agreed that our scheme will reimburse to the maximum possible allowable per post. This allows us to provide additional reimbursement to support to PCNs in the management of these posts, including clinical supervision and development as only basic costs are covered by the scheme.

Further spend from these monies is very limited; we can use the funds to cover locum

posts within the designated roles for 2019/20, and we can begin to reimburse early for roles included in 2020/21 plans i.e. Physicians Associates and Physiotherapists should PCNs wish to employ them now.

Patient, Public and Stakeholder Involvement:

Not applicable.

Equality Impact:

Not applicable.

Financial Implications:

Spend of heavily ring-fenced funds to reduce projected underspend.

Human Resource Implications:

Not applicable.

Procurement Advice:

Not applicable.

Data Protection Impact Assessment:

Not applicable.

Approval history:

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Recommendations:

The committee is asked to note the content of the paper.

Paper is for Noting.