



Mid and South Essex  
Health and Care  
Partnership



# Additional Roles Reimbursement Scheme (ARRS)

## PCN Support Guide



Mid and South Essex  
Training Hub

01268 464616



@MSETrainingHub



primarycare.workforce@nhs.net



## Contents

Introduction

Roles at a Glance

Workforce Planning

Recruitment Support

Role Information

ARRS Claims Portal Guidance

NWRS, Advertising, & Wellbeing Support



# Introduction

## Additional Roles Reimbursement Scheme (ARRS)

In February 2020, NHS England and Improvement (NHSEI) and the British Medical Association (BMA) published the 2020/21 GP Contract Deal. The update included major enhancements to the Additional Roles Reimbursement Scheme (ARRS), with the aim of securing an additional 26,000 staff across primary care.

ARRS is the most significant financial investment element within the Network Contract Direct Enhanced Service (DES) and is designed to provide reimbursement to Primary Care Networks (PCN's) to build workforce capacity.

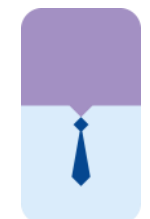
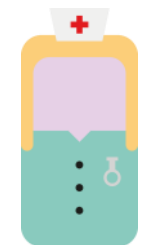
The guide covers all current fifteen roles included within the ARRS and provides detailed information, tools and links to help with the understanding of the various roles and how they can support PCN's provide better services to their population's and manage demand more effectively.

## Included Roles

The ARRS enables PCNs to recruit a selection of roles and claim 100% reimbursement for all positions recruited. Fifteen roles are available to recruit via the scheme in 2021/22, which includes the following:






- [Clinical Pharmacist](#) 
- [Physiotherapist](#) 
- [Paramedic](#) 
- [Physician Associate](#) 
- [Podiatrist](#) 
- [Occupational Therapist](#) 
- [Dietitian](#) 
- [Pharmacy Technician](#) 
- [Mental Health Practitioner](#) 
- [Social Prescribing Link Worker](#) 
- [Health & Wellbeing Coach](#) 
- [Nursing Associate](#) 
- [Trainee Nursing Associate](#) 
- [Care Coordinator](#) 
- [Advanced Practitioner](#) 





## What's Changed for 2021/22?

-  The national funding allocation for ARRS has increased from £430m in 2020/21 to £746m in 2021/22. This represents an increase of circa. 73% for individual PCN allocations this year.
-  Paramedics, Advanced Practitioners and Mental Health Practitioners have been added to the scheme (as of April 2021).

Mental Health roles will be employed by a PCNs local provider of community mental health services via local agreements, with 50% of the role being funded from PCN ARRS allocations - the practitioner will be fully deployed to the PCN, but employed by the mental health provider.
-  The limits on the number of Pharmacy Technicians and Physiotherapists able to be recruited by PCNs has been removed for 2021/22. PCNs in London will be able to offer salaries for ARRS roles in line with inner and outer London weighting, on top of the maximum reimbursement amounts - this does not impact PCNs in Mid and South Essex.



## Mid and South Essex Training Hub

This publication has been developed by the Mid and South Essex Training Hub, with the aims of supporting PCN's to recruit, embed and utilise the available additional roles effectively.



Training Hub's are integral to supporting the delivery of excellent healthcare and health improvements to patients and the public, through ensuring the primary care workforce of today, and tomorrow, are trained in the right numbers, have the required skills, NHS values and behaviours at the right time and in the right place.

The Mid and South Essex Training Hub can support PCN's with the following:





### Education & Supervision

-  Support PCN's to become approved learning environments that can offer placements to multi-disciplinary learners
-  Expand the number of educators to support the development of high-quality learning and teaching

### Workforce Planning

-  Support PCN's with workforce planning, ensuring alignment to service delivery ambitions and PCN vision
-  Link with Higher Education Institutes to ensure future workforce supply is aligned with plans


### Recruitment & Retention


- Help PCN's understand and embed new roles 
- Career support for the workforce 
- Educational programmes to support CPD 
- Leadership programmes to develop staff 


## ARRS Maximum Reimbursements

Role	Indicative AfC Band	Annual Reimbursement	Monthly Reimbursement
Clinical Pharmacist	7-8a	£56,829	£4,735.75
Pharmacy Technician	5	£36,141	£3,011.75
Social Prescribing Link Worker	Up to 5	£36,141	£3,011.75
Health and Wellbeing Coach	Up to 5	£36,141	£3,011.75
Care Coordinator	4	£29,726	£2,477.17
Physician Associate	7	£54,841	£4,570.08
First Contact	7 to 8a	£56,829	£4,735.75
Dietician	7	£54,841	£4,570.08
Podiatrist	7	£54,841	£4,570.08
Occupational Therapist	7	£54,841	£4,570.08
Trainee Nursing Associate	3	£26,188	£2,182.33
Nursing Associate	4	£29,726	£2,477.17
Paramedic	7	£54,841	£4,570.08
Advanced Practitioner	8a	£62,705	£5,225.42

### Other Reimbursement Information

- 

The maximum reimbursement for each role includes on-costs (employer pension contributions, tax, national insurance etc.)
- 

The limits imposed on maximum FTE able to be recruited per PCN, per role, has been removed for 2021/22
- 

PCNs may employ staff above or below the maximum reimbursement levels listed above; however, if a role is employed above the maximum, PCNs need to cover the overspend.



# Workforce Planning



## STEP 1. DEFINE THE PLAN

This is the first step in any planning process. You should stipulate why a workforce plan is necessary and how it will support the achievement of wider goals and objectives.

## STEP 2. MAP THE SERVICE CHANGE

Identify the benefits of change, drivers and barriers.

## STEP 3. DEFINE THE REQUIRED WORKFORCE

Map the new service activities, identify the skills needed and the types and numbers of staff required.

## STEP 4. UNDERSTAND WORKFORCE AVAILABILITY

Consider revising steps 2 and 3 based on availability or shortage of staff with required skills. Map out the current workforce in terms of existing skills, demographics and supply options.

## STEP 5. DEVELOP AN ACTION PLAN

Determine the most effective way to deliver the redesigned service against time and resources. Develop a plan to deliver the right staff with the right skills in the right place and manage any changes.

## STEP 6. IMPLEMENT, MONITOR AND REVISE

Revisit the six steps periodically to reflect any unplanned changes.



## Workforce Planning

### The Process for 2021/22

Last year, all PCNs in Mid and South Essex took part in a workforce planning exercise with the workforce team, working together to complete a template provided by NHS England.

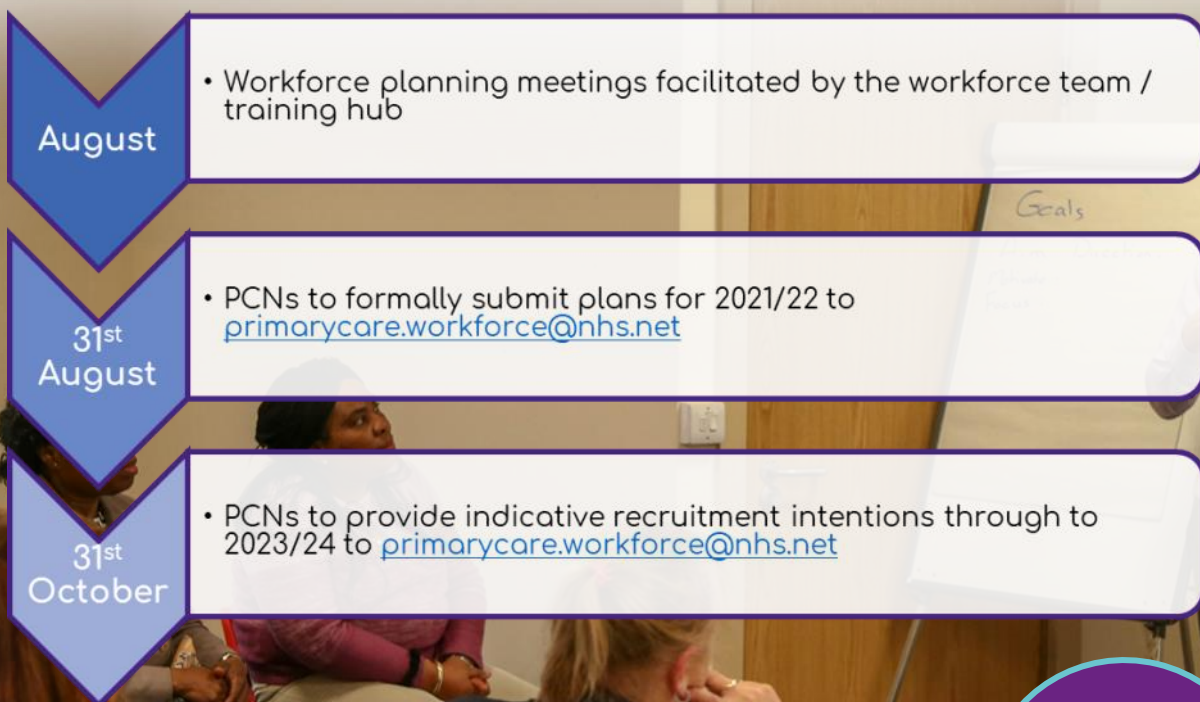
This year a similar process is being followed; however, the focusing will be on the progress made since plans were submitted last year, how employed roles are being utilised across the PCN and what support needs to be provided to remove barriers to recruitment.

Section 7.5. of the 2021/22 Network Contract DES specifies the following:



PCNs must complete and return to the commissioner a workforce plan, using the agreed national workforce planning template, providing details of its updated plans for 2021/22 by 31st August 2021 and indicative intentions through to 2023/24 by 31st October 2021.

To support PCNs with the workforce planning process, the workforce team will ask for a meeting to be arranged in early August with the Clinical Director, Operations Manager and other key stakeholders from each PCN. If you have not yet been invited for a meeting, please contact [jan.sweeney@nhs.net](mailto:jan.sweeney@nhs.net).



Click here to access the template for 2021/22

## Workforce Planning

### What Support is Available?

The Training Hub is able to provide support and guidance to PCNs, including:



Support your PCN with workforce planning, in addition to the initial workforce planning meeting

Analysis of PCN and practice workforce data, supporting networks to plan for how their wider workforce integrates with the new roles



Promote and share national guidance, toolkits, processes and webinars to keep PCNs informed with new developments

Access to an array of resources, including job descriptions, adverts, competency frameworks and employment models



Support with recruitment - including advertising, shortlisting and interviewing



#### Kathryn Perry (FCIPD)

Kathryn is the Head of Primary Care Workforce for Mid and South Essex Health and Care Partnership. She has a wealth of experience in HR, Workforce, and OD. Click on her photo to contact Kathryn.

#### Thomas Peppiatt (Assoc. CIPD)

Tom is the Primary Care Workforce Project Lead for Mid and South Essex Health and Care Partnership. He has a background in recruitment, workforce, and HR. Click on his photo to contact Tom.



#### Jan Sweeney

Jan is the ARRS Resourcing Advisor for Mid and South Essex. She is here to support PCNs to identify recruitment challenges and develop workforce solutions. Click on her photo to contact Jan.



# Clinical Pharmacist

Clinical pharmacists work in primary care as part of a multidisciplinary team in a patient-facing role to clinically assess and treat patients using expert knowledge of medicines for specific disease areas. They will be prescribers, or if not, can complete an independent prescribing qualification following completion of the 18-month CPPE pathway. They work with and alongside the general practice team, taking responsibility for patients with chronic diseases and undertaking clinical medication reviews to proactively manage people with complex polypharmacy, especially for the elderly, people in care homes and those with multiple comorbidities.

Indicative AfC Banding	7-8a		
Maximum Reimbursement via ARRS	£56,829 pa £4,735.75 pm		
Salary + On Costs	Band & Point	Basic Salary (per annum)	Total Salary (inc. on-costs)
	Band 7 Entry	£40,057	£50,151
	Band 7 Two Years	£42,121	£52,794
	Band 7 Top of Band	£45,839	£57,557
	Band 8a Entry	£47,126	£59,206
	Band 8a Top of Band	£53,219	£67,011
PCN Limit	No limit		

## Training and Development

- Clinical Pharmacists employed through the Network Contract DES will need adequate training and experience. This can be gained via the 18-month Primary Care Pharmacy Education Pathway (PCPEP). This pathway equips the pharmacist to be able to practice and prescribe safely and effectively in a primary care setting.
- Independent prescribing is in addition to the aforementioned training pathway and can be undertaken following completion of the PCPEP.



- ✓ [Role Overview](#)
- ✓ [Recruitment Pack & Job Description](#)
- ✓ [Case Studies](#)

## Clinical Pharmacist

Example tasks Clinical Pharmacists are trained to deliver in general practice:

- Medication review & queries
- Prescribing & Use of PGDs
- Leadership, clinical training & research and audit.
- Home visits and same day access
- Weight and lifestyle advice and Health Promotion
- CVD monitoring/management, CKD & UTIs
- LTC review (asthma inhaler technique & review, COPD review, diabetes review & advice for at risk)
- Vaccinations and immunisations

Example tasks Clinical Pharmacists can deliver with additional training:

- Full Clinical Assessment & Decision Making
- Full MSK Assessment
- Paediatric clinical assessment
- Palliative & end of life care
- Learning disabilities and mental health review
- Minor Illness Assessment (face to face)
- Issuing & Signing Prescriptions & Repeat Prescriptions
- New diagnosis of asthma, diabetes
- Travel vaccinations
- Women's contraception initiation and review

Benefit to PCNs:

- Reduce demand on GPs
- Support the achievement of QOF indicators and quality improvement projects
- Improvements in patient safety and changes in prescribing practice that can be implemented across the PCN—e.g. MHRA alerts
- Considerable savings can be made by improving prescribing processes
- Forge closer links with Community Pharmacy
- All prescribers can learn from a Clinical Pharmacist and increase knowledge
- Improve patient access as patients consult with the Clinical Pharmacist rather than the GP for medication needs and advice

# Pharmacy Technician

Pharmacy Technicians play an important role within General Practice and complement the work of Clinical Pharmacists 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, and where appropriate, informing patients and other members of the PCN workforce. Work is often under the direction of Clinical Pharmacists, and this benefit is realised through the creation of a PCN pharmacy team.

Indicative AfC Banding	5		
Maximum Reimbursement via ARRS	£36,141 pa £3,011.75 pm		
Salary + On Costs	Band & Point	Basic Salary (per annum)	Total Salary (inc. on-costs)
	Band 5 Entry	£25,655	£31,702
	Band 5 Two Years	£27,780	£34,424
	Band 5 Four Years	£31,534	£39,233
PCN Limit	No limit		



### Training and Development

- Pharmacy Technicians undertake a level 3 course which can be fully funded via an apprenticeship programme, before they can register with the General Pharmaceutical Council (GPhC)
- The new initial education and training standards for pre-registration trainee Pharmacy Technicians is being tested with placements in general practice, through the Pharmacy Integration Fund (PhIF).

[Role Overview](#) ✓  
[Recruitment Pack & Job Description](#) ✓  
[Case Studies](#) ✓



## Pharmacy Technician

Example tasks Pharmacy Technicians are trained to deliver in general practice:

- Pharmacy Technicians compliment the role of Clinical Pharmacists and other members of a PCNs multi-disciplinary team.
- Clinical Training
- Research and audits
- Medication reviews and queries
- Weight and lifestyle advice
- Inhaler technique

Example tasks Pharmacy Technicians can deliver with additional training:

- Health promotion
- Routine blood pressure checks

Benefit to PCNs:

- Supervise practice reception teams
- Sorting and streaming of general prescription requests, enabling other practitioners in the network to focus on more complicated requests
- Work with a multi-disciplinary team to ensure efficient medicines optimisation, including implementing efficient ordering and return processes and reducing wastage
- Provide training and support on the legal, safe and secure handling of medicines, including the implementation of the Electronic Prescription Service (EPS) across the PCN.
- Supports the integration of pharmacy across health and social care.
- Help in tackling local health inequalities
- Support initiatives for antimicrobial stewardship to reduce inappropriate antibiotic prescribing
- Support patients by providing specialist advice, ensuring medicines are being used safely and effectively



# Physician Associate

Physician Associates (PAs) are healthcare professionals with a generalist medical education who work alongside doctors providing medical care as an integral part of the multidisciplinary team. Physician Associates are dependent practitioners who work under the supervision of a fully trained and experienced doctor. They bring new talent and add to the skill mix within teams, providing a stable, generalist section of the workforce which can help ease the workforce pressures that the NHS currently faces.

Indicative AfC Banding	7		
Maximum Reimbursement via ARRS	£54,841 pa £4,570.08 pm		
Salary + On Costs	Band & Point	Basic Salary (per annum)	Total Salary (inc. on-costs)
	Band 7 Entry	£40,057	£50,151
	Band 7 Two Years	£42,121	£52,794
	Band 7 Four Years	£45,839	£57,557
PCN Limit	No limit		



### Training and Development

- Undergraduate degree in a life science subject and significant background in healthcare.
- Two year, full time, post-graduate Diploma or MSc in PA Studies.
- It includes over 1,400 hours of clinical placement experience in both acute and community settings.
- Newly qualified PA's can undertake an intern programme via HEE

[Role Overview](#) ✓

[Recruitment Pack & Job Description](#) ✓

[Case Studies](#) ✓

## Physician Associate

Example tasks Physician Associates are trained to deliver in general practice:

- Use of PGDs
- Full clinical assessment & decision making
- Full MSK assessment
- Clinical Teaching and Research/Audit
- Home visits and same day access
- Management of presentations e.g. Central Chest Pain, Sepsis & Signs of Deterioration, Minor Illness Assessment (face to face), Triage, Ear Infections, Coughs & Colds, Headache / Dizziness
- Health Promotion
- New diagnosis & review of LTCs including asthma, diabetes & COPD etc.
- Common procedures, vaccinations and immunisations
- Common assessment and procedures for women's health

Example tasks Physician Associates can deliver with additional training:

- Referral to Radiology
- LD review
- Medication review
- Mental Health review
- Baby immunisations

Benefit to PCNs:

- Free up GP time and reduces GP stress by consulting with patients with routine care needs
- Ensures a level of continuity and added value
- PA's can take part in audits and quality improvements
- Practice workload is supported by an extra generalist resource - easier access often results in better patient satisfaction



**Pauline Weir**  
PA Ambassador

Pauline is the Physician Associate Ambassador for Mid and South Essex Training Hub. She can support PCNs with embedding, recruiting and retaining PA's. She has a wealth of knowledge of what PA's can do in general practice and can be contacted [here](#)



## First Contact Physiotherapist (FCP)

First Contact Physiotherapists (FCPs) are qualified autonomous clinical practitioners who can assess, diagnose, treat and manage musculoskeletal (MSK) problems and undifferentiated conditions and – where appropriate – discharge a person without a medical referral. FCPs working in this role can be accessed directly by self-referral or by staff in GP practices who can direct patients to them to establish a rapid and accurate diagnosis and management plan to streamline pathways of care.

Indicative AfC Banding	7-8a		
Maximum Reimbursement via ARRS	£56,829 pa £4,735.75 pm		
Salary + On Costs	Band & Point	Basic Salary (per anum)	Total Salary (inc. on-costs)
	Band 7 Entry	£40,057	£50,151
	Band 7 Two Years	£42,121	£52,794
	Band 7 Top of Band	£45,839	£57,557
	Band 8a Entry	£47,126	£59,206
	Band 8a Top of Band	£53,219	£67,011
PCN Limit	No limit		

### Training and Development

- Physiotherapy degree (BSc)
- For B7 roles, HEE FCP capability training must be completed as the minimum threshold for entry to primary care
- HEE FCP training can begin 3-5 years post-graduate.
- For B8 roles, FCP training must be completed and must be working at level 7.



- ✓ [Role Overview](#)
- ✓ [Recruitment Pack & Job Description](#)
- ✓ [Case Studies](#)

## First Contact Physiotherapist (FCP)

### Example tasks FCPs are trained to deliver in general practice:

- Use of PGDs
- Full MSK assessment
- Clinical Teaching and Research
- Diet and lifestyle advice
- Hospital referrals
- Health Promotion




### Example tasks FCPs can deliver with additional training:

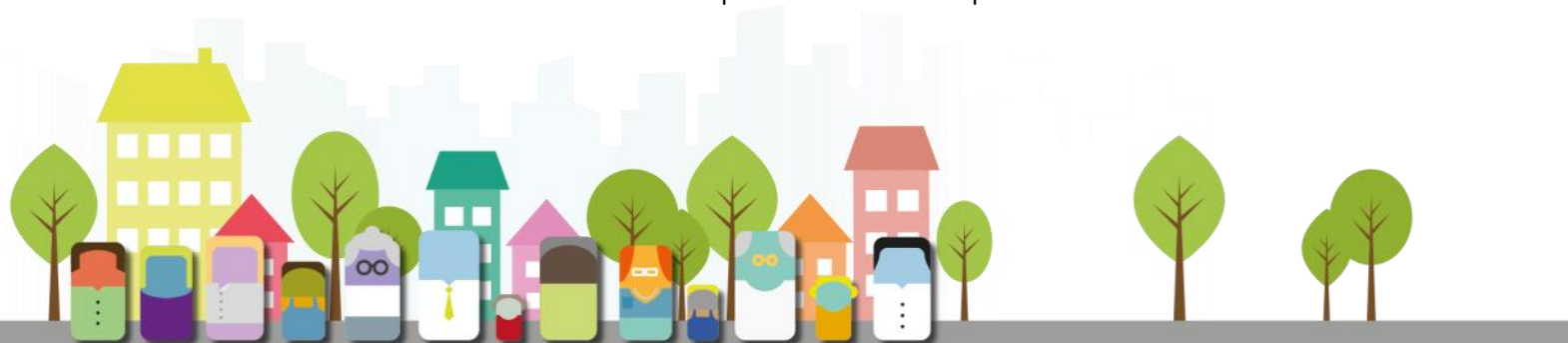
- Prescribing
- Full clinical assessment
- Paediatric clinical assessment
- Medication Reviews
- Issuing & Signing Prescriptions
- Blood tests

### Benefit to PCNs:

- Release of GP time through reallocating appointments for patients with MSK problems (30% of all GP appointments)
- Reduced prescription costs
- In-house physiotherapy expertise gained
- Increased clinical leadership
- Reduced pressure on GPs
- Provides patients with quick access to physiotherapy assessment, diagnosis, treatment and expert advice
- Prevention of short-term problems becoming long-term conditions

### Supervision of Physiotherapists in Primary Care

-  Appropriate supervision will be required for all physios working in primary care.
-  To be able to supervise FCP or advanced practitioners, supervisors must have undertaken the approved HEE Multi-Professional Primary Care Supervision Course - more information can be found [here](#).
-  Alternatively, please contact [primarycare.eoe@hee.nhs.uk](mailto:primarycare.eoe@hee.nhs.uk) for more information on the FCP roadmap and clinical supervision.



# Paramedic

Paramedics work autonomously within the community using their enhanced clinical assessment and treatment skills, to provide first point of contact for patients presenting with undifferentiated, undiagnosed problems relating to minor illness or injury, abdominal pains, chest pains and headaches. They are health professionals who have the capability to make sound judgements in the absence of full information and to manage varying degrees of risk when there are complex, competing or ambiguous information or uncertainty.

Indicative AfC Banding	7		
Maximum Reimbursement via ARRS	£54,841 pa £4,570.08 pm		
Salary + On Costs	Band & Point	Basic Salary (per annum)	Total Salary (inc. on-costs)
	Band 7 Entry	£40,057	£50,151
	Band 7 Two Years	£42,121	£52,794
	Band 7 Four Years	£45,839	£57,557
PCN Limit	No limit		

## Training and Development

- BSc in a training programme approved by the College of Paramedics (CoP)
- B7 roles - HEE Primary Care FCP capability training must be completed as the minimum threshold for entry and supported by appropriate governance
- HEE FCP training can begin 3 to 5 years post-graduate
- B8 roles - HEE FCP training must be completed, and they must be working at an advanced level of practice (Master's level) across all four pillars of advanced practice



[Role Overview](#) ✓  
[Recruitment Pack & Job Description](#) ✓  
[Case Studies](#) ✓



## Paramedic

Example tasks Paramedics are trained to deliver in general practice:

- Running clinics
- Triage
- Managing minor illnesses
- Providing continuity for patients with complex health needs
- Assessments and management of requests for same-day urgent home visits & regular home visits




For more information on the Paramedic Roadmap and other conditions of practice please follow the below links:

- [Paramedic Advanced Practitioners: A Roadmap to Practice](#)
- [Network Contract DES - Page 91, Section B.13. Paramedics](#)

Benefit to PCNs:

- Frees up GP time, reduces GP stress by taking on 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

### Supervision of Paramedics in Primary Care

-  Appropriate supervision will be required for all paramedics working in primary care.
-  To be able to supervise FCP or advanced practitioners, supervisors must have undertaken the approved HEE Multi-Professional Primary Care Supervision Course - more information can be found [here](#).
-  Alternatively, please contact [primarycare.eoe@hee.nhs.uk](mailto:primarycare.eoe@hee.nhs.uk) for more information on the FCP roadmap and clinical supervision.



# Occupational Therapist

Occupational therapists (OTs) support people of all ages with problems resulting from physical, mental, social, or developmental difficulties. OTs provide interventions that help people find ways to continue with everyday activities that are important to them. This could involve learning new ways to do things or making changes to their environment to make things easier. As patients' needs are so varied, OTs help GPs to support patients who are frail, with complex needs, live with chronic physical or mental health conditions, manage anxiety or depression, require advice to return or remain in work and need rehabilitation so they can continue with previous occupations (activities of daily living).

Indicative AfC Banding	7		
Maximum Reimbursement via ARRS	£54,841 pa £4,570.08 pm		
Salary + On Costs	Band & Point	Basic Salary (per annum)	Total Salary (inc. on-costs)
	Band 7 Entry	£40,057	£50,151
	Band 7 Two Years	£42,121	£52,794
	Band 7 Four Years	£45,839	£57,557
PCN Limit	No limit		

**Training and Development**

- BSc in Occupational Therapy is required to work as an OT in any setting
- HEE FCP training must be completed as the minimum entry to primary care
- HEE FCP training can begin 3 to 5 years post-graduate

- ✓ [Role Overview](#)
- ✓ [Recruitment Pack & Job Description](#)
- ✓ [Case Studies](#)



## Occupational Therapist

Example tasks OT's are trained to deliver in general practice:

- Specialise in complex needs and identifying social support.
- Use of PGDs
- Clinical Teaching and Research/Audit
- Diet and lifestyle advice
- Health promotion
- Rapid assessment for patients who present with a variety of acute and long-term neurological, multifactorial and age related conditions
- Interpret and analyse clinical and non-clinical facts to form an accurate diagnosis and prognosis in a wide range of conditions
- Enhance and develop the skills and dexterity, coordination and palpatory senses for assessment and manual treatment of patients

Benefit to PCNs:

- Can work as part of the MDT within a PCN and practice
- Deliver more collaborative and coordinated selfcare and environmental advice alongside their colleagues to benefit patient care
- Help to better manage the patients own selfcare, keep them well and reduce visits to the practice
- Deliver health promotion initiatives to their local community
- Can assist in reducing much more costly crisis interventions by helping patients maintain health and wellbeing through better selfcare, patient independence and much needed environmental adjustments.
- Teach and inform the public and health professionals about occupational therapies to improve health outcomes





## Social Prescribing Link Worker

Social prescribing enables all primary care staff and local agencies to refer people to a link worker. Link workers give people time and focus on what matters to the 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. They work within multi-disciplinary teams and collaborate with local partners to support community groups to be accessible and sustainable and help people to start new groups. Social prescribing complements other approaches such as 'active signposting'. Link workers typically support people on average over 6-12 contacts (including phone calls, meetings and home visits) with a typical caseload of 200-250 people per year, depending on the complexity of people's needs and the maturity of the social prescribing scheme.

Indicative AfC Banding	5		
Maximum Reimbursement via ARRS	£36,141 pa £3,011.75 pm		
Salary + On Costs	Band & Point	Basic Salary (per annum)	Total Salary (inc. on-costs)
	Band 5 Entry	£25,655	£31,702
	Band 5 Two Years	£27,780	£34,424
	Band 5 Four Years	£31,534	£39,233
PCN Limit	No limit		



### Training and Development

- Completion of the [NHSEI online learning programme](#)
- Enrolled in or qualified in appropriate training as set out by the Personalised Care Institute
- Regular access to clinical supervision
- Access to GP IT systems to enable them to record referrals

[Role Overview](#) ✓

[Recruitment Pack & Job Description](#) ✓

[Case Studies](#) ✓

## Social Prescribing Link Worker

Example tasks SPLW's are trained to deliver in general practice:

- Can identify practical and emotional support needs and refer patients with social needs to other community providers
- Research and audit
- Diet and lifestyle advice
- Health Promotion
- SPLW's work closely with Health and Wellbeing Coaches, Care Coordinators and Mental Health Practitioners to provide wrap around support for the patient
- Initial advice and guidance to patients
- Provide welfare advice and signposting to housing/benefit specialists

Benefit to PCNs:

- SPLW's can significantly reduce GP consultations by creating an in-house referral process
- Support patients with long term conditions via access to additional, non-clinical support options
- Patients experience positive outcomes associated with their health and wellbeing
- Patients can become less socially isolated and more independent
- Social support can be a good alternative to medicine, currently 1 in 3 consultations are for welfare support.

More information on social prescribing can be found via:



[The Social Prescribing Network](#)



[The National Academy for Social Prescribing](#)



## Health and Wellbeing Coach

Health and Wellbeing Coaches (HWBCs) will predominately use health coaching skills to support people with lower levels of patient activation to develop the knowledge, skills, and confidence to become active participants in their care so that they can reach their self-identified health and wellbeing goals. They may also provide access to self-management education, peer support and social prescribing.

HWBCs will use a non-judgemental approach that supports the person to self identify existing issues and encourages proactive prevention of new and existing illnesses. This approach is based on using strong communication and negotiation skills, support personal choice and positive risk-taking, address potential consequences and ensures people understand the accountability of their own decisions based on what matters to the person.

Indicative AfC Banding	5		
Maximum Reimbursement via ARRS	£36,141 pa £3,011.75 pm		
Salary + On Costs	Band & Point	Basic Salary (per anum)	Total Salary (inc. on-costs)
	Band 5 Entry	£25,655	£31,702
	Band 5 Two Years	£27,780	£34,424
	Band 5 Four Years	£31,534	£39,233
PCN Limit	No limit		

### Training and Development

- Enrolled in or undertaking or qualified from appropriate health coaching training covering topics outlines in the [NHSE Implementation and Quality Summary Guide](#)
- Training delivered by a training organisation listed by the [Personalised Care Institute](#)



- ✓ [Role Overview](#)
- ✓ [Recruitment Pack & Job Description](#)
- ✓ [Case Studies](#)

## Health and Wellbeing Coach

Example tasks H&W Coaches are trained to deliver in general practice:

- Offers 1:1 or group sessions with patient's health and wellbeing support needs
- Research and audit
- Diet and lifestyle advice
- Health Promotion

Benefit to PCNs:

- Patient activation is associated with fewer visits to general practice.
- Support for people to self-manage their own health is increased and reduced demand for care due to improved patient wellbeing.
- There is seen to be increased efficiency due to quicker discharge from caseload and potential to cut waiting times.
- 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 this approach.
- Increased patient activation and increases in preventative behaviours and self-management
- Shown to improve two-way communication and partnership working
- Improvement to patient overall health outcomes





## Care Coordinator

Care Coordinators play an important role within a PCN to proactively identify and work with people, including the frail/elderly and those with long-term conditions, to provide coordination and navigation of care and support across health and care services.

Care Coordinators could potentially provide extra time, capacity, and expertise to support patients in preparing for or in following up clinical conversations they have with primary care professionals. They will work closely with the GPs and other primary care professionals within the PCN to identify and manage a caseload of identified patients, making sure that appropriate support is made available to them and their carers, and ensuring that their changing needs are addressed. This is achieved by bringing together all the information about a person’s identified care and support needs and exploring options to meet these within a single personalised care and support plan, based on what matters to the person.

Indicative AfC Banding	5		
Maximum Reimbursement via ARRS	£29,726 pa £2,477.12 pm		
Salary + On Costs	Band & Point	Basic Salary (per annum)	Total Salary (inc. on-costs)
	Band 4 Entry	£22,549	£27,723
	Band 4 Two Years	£24,882	£30,711
PCN Limit	No limit		



**Training and Development**

- Enrolled in or undertaking or qualified from appropriate training as set out by the [Personalised Care Institute](#)
- Works closely and in partnership with the Social Prescribing Link Worker(s) or social prescribing service providers and Health and Wellbeing Coach(es).

[Role Overview](#) ✓

[Recruitment Pack & Job Description](#) ✓

[Case Studies](#) ✓

## Care Coordinator

Example tasks Care Coordinators are trained to deliver in general practice:

- Can take on the administrative support of caseloads of patients working with the wider team to identify patients that require additional support.
- Can offer support with personalised care requirements and work with social prescribing link workers and/or health coach
- Can establish links with acute services to make inquiries regarding patient referrals made from the practice

Benefit to PCNs:

- 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. By identifying high-risk patient populations before they incur costlier medical intervention, employers can begin to reduce both practice expenses and total NHS costs – Employers can gain access to additional data that can reveal practice population health levels and risks – Care coordinators glean information about patients' treatment histories, medication adherence, new symptoms and management of chronic conditions
- 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



# Dietician

Dietitians are healthcare professionals that diagnose and treat diet and nutritional problems, both at an individual patient and wider public health level. Working 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. Dietitians also translate public health and scientific research on food, health and disease into practical guidance to enable people to make appropriate lifestyle and food choices.

Indicative AfC Banding	7		
Maximum Reimbursement via ARRS	£54,841 pa £4,570.08 pm		
Salary + On Costs	Band & Point	Basic Salary (per annum)	Total Salary (inc. on-costs)
	Band 7 Entry	£40,057	£50,151
	Band 7 Two Years	£42,121	£52,794
	Band 7 Four Years	£45,839	£57,557
PCN Limit	No limit		

## Training and Development

- Dietitians must be registered with the Health and Care Professions Council (HCPC). To register with the HCPC, completion of an approved degree in dietetics is required. This is usually a BSc (Hons) degree, although there are shortened postgraduate programmes available. A degree apprenticeship standard in dietetics has also been approved
- Health Education England Primary care FCP training must be completed as the minimum threshold for entry to primary care and be supported by appropriate governance and indemnity
- Health Education England primary care FCP training can begin 3-5 years postgraduate
- Advanced Dietitians can now train to become supplementary prescribers

[Role Overview](#) ✓

[Recruitment Pack & Job Description](#) ✓

[Case Studies](#) ✓

## Dietician

Example tasks Dieticians are trained to deliver in general practice:

- Specialises in Diet and lifestyle advice and Health Promotion
- Use of PGDs
- Clinical Teaching and Research/Audit
- See patients with a wide range of different conditions via a range of different means e.g. one to one consultations, email, telephone, video, domiciliary visits and visits to care homes
- See patients from primary care who self-refer with a predetermined and agreed range of symptoms and/or conditions
- Receive and respond to patient referrals from GPs, practice nurses, health visitors, district nurses, nursing home nurses, allied health professionals for example.

Example tasks Dieticians can deliver with additional training:

- Medication Queries and Medication Reviews
- Issuing & Signing Prescriptions and signing Repeat Prescriptions

Benefit to PCNs:

- 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
- Dietitians have the potential to reduce the demand on GP time by patients because their services are effective.
- Support patients to manage and prevent conditions such as diabetes, heart disease, obesity, cancer, food allergies and intolerances





# Podiatrist

Podiatrists are healthcare professionals who have been trained to diagnose and treat foot and lower limb conditions. Podiatrists provide assessment, evaluation and foot care for a wide range of patients, which range from low risk to long-term acute conditions. Many patients fall into high risk categories such as those with diabetes, rheumatism, cerebral palsy, peripheral arterial disease and peripheral nerve damage.

As the experts in lower limb health and disease, Podiatrists have the requisite knowledge, skills and training to work as first point of contact practitioners in primary care. The College of Podiatry believes that assigning more podiatrists into primary care settings will increase the capacity of both primary and secondary care, improve health outcomes for the population, enhance patient experience and save money.

Indicative AfC Banding	7		
Maximum Reimbursement via ARRS	£54,841 pa £4,570.08 pm		
Salary + On Costs	Band & Point	Basic Salary (per anum)	Total Salary (inc. on-costs)
	Band 7 Entry	£40,057	£50,151
	Band 7 Two Years	£42,121	£52,794
	Band 7 Four Years	£45,839	£57,557
PCN Limit	No limit		

### Training and Development

- BSc to work as a Podiatrist in all settings
- HEE FCP training must be completed as the minimum threshold to entry to primary care and be supported by appropriate governance and indemnity
- HEE FCP training can begin 3-5 years post graduate

- ✓ [Recruitment Pack & Job Description](#)
- ✓ [Case Studies](#)



## Podiatrist

### Example tasks Podiatrists are trained to deliver in general practice:

- Specialise in the LTCs and mobility
- Use of PGDs
- Clinical Teaching and Research/Audit
- Health Promotion
- Swabs (routine)
- Urinalysis
- Can take a lead on wound care including Doppler, Dressings Leg Ulcers - Compressions (per leg), Tissue Viability, Dressings (simple), Suture Removal (up to 20), Application of Steris trips & Application of Tissue Adhesive

### Example tasks Podiatrists can deliver with additional training:

- Prescribing
- Medication Queries
- Medication Reviews
- Issuing and signing prescriptions
- Signing repeat prescriptions

### Benefit to PCNs:

- Work with other healthcare professionals such as dieticians, GPs, nurses and physiotherapists
- Relieve pressure on other primary care colleagues
- Help reduce patient attendance at the practice by intervening early and helping them stay well
- As highly skilled healthcare professionals, podiatrists within primary care reduce pressure on GPs through their ability to prescribe independently. This significantly reduces demand for GP appointments and home visits and provides patients with direct access to the medicines they need, when they need them.

## Nursing & Trainee Nursing 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. Nursing associates work with people of all ages in a variety of settings in health and social care.

The role was introduced in response to the Shape of Caring Review (2015), 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 assistant, enable nurses to focus on more complex clinical work, and increase the supply of nurses by providing a progression route into graduate-level nursing.

Indicative AfC Banding	Nursing Associate = B4 Trainee Nursing Associate = B3		
Maximum Reimbursement via ARRS	Nursing Associate = £29,726 pa Trainee Nursing Associate = £26,188 pa		
Salary + On Costs	Band & Point	Basic Salary (per anum)	Total Salary (inc. on-costs)
	Band 3 Entry	£20,330	£24,880
	Band 3 Two Years	£21,777	£26,734
	Band 4 Entry	£22,549	£27,723
	Band 4 Two Years	£24,882	£30,711
PCN Limit	No limit		

### Training and Development

- Prior to commencement of the nursing associate 2 year programme, applicants are required to complete the Care certificate and have evidence of level 2 functional skills/GCSE in maths and English.
- The two year Foundation Degree programme prepares trainee nursing associates to work with people of all ages and in a variety of settings in health and social care within the four fields of nursing - adult, paediatrics, mental health and learning disability.
- Often they will attend 1 day a week in university and will be required to successfully complete exams and assignments over the 2 years.
- Trainee nursing associates are required to undertake clinical placements in settings other than their primary place of employment.
- Trainees must complete at least 2,300 programme hours which are divided to achieve an equal balance of theory and practice learning and must be offered protected learning time in which they are supported to learn.
- Trainee nursing associates can be supervised by an NMC-registered nurse, midwife or nursing associate, or by any other registered health and social care professional. Supervisors will serve as role models for safe and effective practice and are expected to contribute to the record of achievement.





## Advanced Practitioners

Advanced practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people’s experience and improve outcomes.

Health Education England (2017) defines Advanced Clinical Practice as:

*“Advanced practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master’s level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence.”*

Indicative AfC Banding	8a		
Maximum Reimbursement via ARRS	£62,705 pa £5,225.42 pm		
Salary + On Costs	Band & Point	Basic Salary (per annum)	Total Salary (inc. on-costs)
	Band 8a Entry	£47,126	£59,206
	Band 8a Five Years	£53,219	£67,011
PCN Limit	No limit		

An advanced practitioner reimbursement tier may apply to the following PCN roles: Clinical Pharmacist; Physiotherapist; Occupational Therapist; Dietician; Podiatrist and Paramedic. To be reimbursable at band 8a, this role needs to have the following additional minimum requirements, plus these extra responsibilities:

- Educated to Masters (Level 7)
- Has the capabilities of advanced clinical practice set out in section one of the [multi-professional framework for advanced clinical practice in England](#)
- Assess and triage patients and provide definitive treatment (including prescribing and making referrals to other members of the team if needed).
- Manage undifferentiated undiagnosed conditions and identify red flags and underlying serious pathology.
- Use complex decision making to inform the diagnosis, investigation and complete management of care
- Actively take personalised care approach and population centred care approached to enable shared decision making
- Completed relevant training in order to provide multi-professional clinical practice and CPD supervision to other roles within primary care, for example FCPs and personalised care roles

## Mental Health Practitioner

There are now a range of roles from bands 5-8a which could be recruited into, including Improving Access to Psychological Therapy (IAPT). From April 2021, every PCN will become entitled to a fully embedded full-time mental health practitioner, employed and provided by the PCN's local provider of community mental health services, as locally agreed. 50% of the funding will be provided from the mental health provider, and 50% by the PCN (reimbursable via the ARRS), with the practitioner wholly deployed to the PCN.

Mental Health Practitioners working in PCNs take on a 'first contact' role as this can reduce the workload of GPs in practices. The role will involve liaison with practice clinicians, as well as liaison with secondary care, social workers and voluntary sector staff, where appropriate, and making best use of third sector and other community opportunities for promotion of patient wellbeing and maintenance of mental health.

The mental health practitioner may be any registered clinical role operating at Agenda for Change Band 5 or above including, but not limited to, a Community Psychiatric Nurse, Clinical Psychologist, Mental Health Occupational Therapist or other clinical registered role, as agreed between the PCN and community mental health service provider.



## Additional Information & Support

### ARRS Claims Portal

From April 2021, the claims process for the ARRS went online. PCNs can now submit claims for approval to their respective CCG online. The portal can be accessed [here](#).

As a PCN submitting claims you will need to set up your profile correctly as a PCN user. Please ensure you've selected 'PCN' from the 'Profession' section and then complete the 3 greyed out boxes (Primary practice (Payee), PCN and CCG) with the correct ODS codes. This will ensure you are correctly mapped to the right PCN and CCG.

#### Can multiple staff from the same PCN have a login?

It is possible to have multiple users for the same PCN, but each user will need to register individually.

#### What do I do if I don't know my ODS codes?

Your local commissioner will have these, please check with them if you're unsure.

#### I don't work for a PCN but submit on their behalf, how do I set up my profile?

If you're submitting on behalf of a PCN then you will need to select 'PCN' from the 'Profession' and follow the steps laid out above.

#### How do I make a claim?

After you've registered you will be presented with a main screen, select 'Submit ARRS Claim' which will take you through the steps to adding your reimbursable roles line by line. You will first need to enter the weighted list size as of 01/01/2020, review and tick the declaration box then press save to be taken through to the line by line entry. If you require further support please take a look at our user guide, found [here](#).

#### I cannot see the 'Submit ARRS Claim', what do I do?

This means your profile is not set up correctly. Please review your profile to ensure the correct steps have been followed.

#### Can I attach any supporting documents with the claims?

Although this is not compulsory, you are able to submit supporting documents/invoices to the claim. On the claims form page, select 'Choose Files' in the 'Upload Invoice' section to upload supporting documentation. To submit multiple files select them all as one upload (using ctrl key + select). If individual files are uploaded, the previous file will be overwritten with the last file saved.

#### 1 WTE isn't 37.5 hours for some roles. How do we record that in the portal?

If someone works less than 37.5 hours, the maximum reimbursable amount will be the pro-rata'd reduction of 37.5 the maximum reimbursable amount (the cap) for the role.

If the role's actual costs are less than the pro-rata'd maximum for the hours that the staff member is working, then they will receive the maximum amount that has been claimed. If their actual costs are higher than the pro-rata'd maximum, then they would only receive reimbursement up to the maximum reimbursable amount. PCNs would not be able to enter 37.5 hours on the claim form if the individual is working less hours as this would be fraudulent.

## ARRS Claims Portal (cont.)

### The portal is calculating the rates wrong

The rates are taken directly from the Network Contract DES but if you feel they are incorrect please email [england.primarycareworkforce@nhs.net](mailto:england.primarycareworkforce@nhs.net)

### Can I record hours worked in addition in in the portal?

As long as the PCN has available funding within its ARRS sum to support the additional capacity a PCN may use its Additional Roles Reimbursement sum to reimburse additional hours worked by PCN staff. This can be done at plain time rates only, and the increase in WTE hours must be clearly recorded in the PCN's claim form by entering them onto a separate line within the claim as well as on the National Workforce Reporting System

### How do I record overtime in the portal?

This should be done as a separate line within the claim form, -using the same unique identifier number for the claimant.

### We pay a third party company for staff, I don't know the National Insurance and Pensions detail, how do I progress a claim on the portal?

As set out in the Network Contract DES, paragraph 10.5.5 confirms that "A PCN must use the mandatory electronic online portal to submit the monthly workforce claim." In addition, it is a requirement that reimbursement is based on the relevant percentage of actual WTE salary and employer on-costs regardless of whether or not the roles are directly employed or engaged through a service sub-contracting arrangement.

### How do claims get approved?

Once you have completed all the lines for the claim you just need to submit by pressing the 'Submit to CCG' button. This automatically sends the claim onto your CCG for review.

### Will I get a notification when a CCG approves / rejects a claim?

Not at present but we are working with our development team to explore this for a future iteration.

### Can I check who my authoriser is at the CCG?

Reach out to your local commissioner in the first instance, then email [england.primarycareworkforce@nhs.net](mailto:england.primarycareworkforce@nhs.net) if you are still unsure.

### I've made an error on a submitted claim, what do I do?

Contact your local commissioner who will be able to reject the claim, this will then go back to you as a draft.

### I've submitted a draft claim by mistake, what do I do?

Contact your local commissioner who will be able to reject the claim, this will then go back to you as a draft.



## National Workforce Reporting System (NWRS)

From June 2021, the National Workforce Reporting System (NWRS) is now only available through the Strategic Data Collection Service (SDCS).

Completing workforce data is mandated and is linked in practice and network funding allocations.

If you require support with NWRS, please visit the NHS Digital website [here](#)

## Advertising Support

In addition to the operational workforce and recruitment support provided by the [Training Hub](#), Primary Care Careers are able to support PCNs and Practices advertise their vacancies to a wide audience using their website and NHS Jobs.

If you would like to post a vacancy on the site, please contact






[essex.primarycarecareers@nhs.net](mailto:essex.primarycarecareers@nhs.net).



primary care  
careers

## Health, Wellbeing and Development

PCN and practice staff across Mid and South Essex have access to a variety of health and wellbeing offers and support initiatives.

-  [GPs can access coaching](#) via the Royal College of General Practitioners. Please contact [primarycare.workforce@nhs.net](mailto:primarycare.workforce@nhs.net) for more information.
-  All staff, excluding GPs, can access [psychological and personal development coaching](#) via TPC Health. Please contact [primarycare.workforce@nhs.net](mailto:primarycare.workforce@nhs.net) for more information.
-  AHPs and Nurses can access commissioned CPD training courses. For more information visit our website [here](#) or email [primarycare.workforce@nhs.net](mailto:primarycare.workforce@nhs.net)
-  [GPs and Nurses can access Fellowship opportunities](#) via the Training Hub. Contact [primarycare.workforce@nhs.net](mailto:primarycare.workforce@nhs.net) for more information.
-  Practice Managers can access the newly commissioned [Practice Managers Supporters Scheme \(PMSS\)](#) - please contact [primarycare.workforce@nhs.net](mailto:primarycare.workforce@nhs.net) for more information.

For full details of other courses and support programmes, get in touch and the team will be happy to help.



For more information on this publication, please contact [Tom Peppiatt](#), Primary Care Workforce Lead for Mid and South Essex.



The information in this publication is accurate at the time of publishing. The authors do not except liability for inaccuracies contained within the guide.



The financial information contained within this publication is for illustrative purposes only and should be checked before making an offer of employment.



This guide takes inspiration from other Training Hubs and Integrated Care Systems across England.



Mid and South Essex  
Health and Care  
Partnership

*Working together* for better lives