

<b>Title</b>	Impact of Additional Roles in Primary Care Networks via the Place Primary Care Group
<b>Authors</b>	Iain Stewart, Head of Transformation and Partnerships, (Primary Care, Mental Health, Learning Disabilities and Autism), NHS Cheshire and Merseyside (Wirral)
<b>Report for</b>	Wirral Place Based Partnership Board
<b>Date of Meeting</b>	25 <sup>th</sup> January 2024

<b>Report Purpose and Recommendations</b>
<p>The purpose of this report is to provide the Wirral Place Based Partnership Board with an update on the impact of Additional Roles recruited by Primary Care Networks to support increased demand for services.</p> <p>It is recommended that the Wirral Place Based Partnership Board notes the report.</p>

<b>Key Risks</b>
<p>The report relates to the following key risks identified in the Place Delivery Assurance Framework presented to the Wirral Place Based Partnership Board on 19<sup>th</sup> October 2023:</p> <ul style="list-style-type: none"> <li>• <i>PDAF 1 Service Delivery:</i> Wirral system partners are unable to deliver the priority programmes within the Wirral Health and Care Plan which will result in poorer outcomes and greater inequalities for our population.</li> <li>• <i>PDAF 3 Collaboration:</i> Leaders and organisations in the Wirral health and care system may not work together effectively to improve population health and healthcare.</li> </ul>

<b>Governance journey</b>			
<b>Date</b>	<b>Forum</b>	<b>Report Title</b>	<b>Purpose/Decision</b>

<b>1</b>	<b>Narrative</b>
<b>1.1</b>	<b>Background</b>
1.1.1	<p>The Additional Roles Reimbursement Scheme was introduced in England in 2019 as part of <b>Investment and Evolution</b>: A five-year framework for GP contract reform to implement the NHS Long Term Plan, as a key part of the government’s manifesto commitment to improve access to general practice.</p> <p>Through the scheme, primary care networks (PCNs) can claim reimbursement for the salaries (and some on costs) of 18 new roles within the multidisciplinary team, selected to meet the needs of the local population. In expanding general practice capacity, the scheme improves access for patients, supports the delivery of new services and widens the range of offers available in primary care.</p> <p>The intention of the scheme is to grow additional capacity through new roles, and by doing so, help to solve the workforce shortage in general practice. It is not to fill existing vacancies or subsidise the costs of employing people who are already working in primary care.</p>

	Each PCN determines which roles to recruit based upon their knowledge and understanding of their populations' needs.
1.1.2	ARRS roles have a positive impact for patients and practices. The roles help alleviate some of the pressures off general practice, offering umbrella services that practices would not be able to independently. ARRS roles/teams manage both acute and preventative care helping with chronic disease management, lifestyle advice, acute clinics, homes visits, supporting care homes, mental health support, social support etc. They support patient access and capacity for our patients and offer a holistic, joined up approach via care co-ordinators.
<b>1.2</b>	<b>Summary of impact by each role recruited by Wirral PCNs</b>
1.2.1	<b>Podiatrists</b> Work as part of a PCN multi-disciplinary team to clinically assess, treat and manage a caseload of patients of all ages with foot pathologies. Provide specialist treatment, support and education for high-risk patient groups. Lower lever interventions provided also. Supports wider system by reduced demand upon Community Podiatry Service.
1.2.2	<b>Physiotherapists</b> Work independently and as an MDT. Key elements the role has brought is the development of integrated and tailored programmes in partnership with the patient. All F2F appointments. Short waiting time (currently 2-3 weeks). Supports ongoing referral pathways such as minor surgery or back to practice for joint injections. Manage diagnostics i.e. x-rays and blood tests. Liaise with secondary and community care services, including Musculoskeletal services where required. Supports wider system by reduced demand upon Musculoskeletal Service.
1.2.3	<b>Digital Transformation Lead</b> Maximises the utilisation of the software and digital tools available to practices such as QOF, Ardens, website accessibility, data and reporting (inc population health management, Family Friends Test, Investment and Impact Fund (IIF) etc), improving online access. The role links practices enabling consistent approaches with a view to improving patient access, staff and patient satisfaction, and the efficiency and sustainability of general practice services. The role is part of Wirral Digital Group so informs and implements local, ICB and national developments. This role continues to evolve.
1.2.4	<b>Clinical Pharmacists</b> This role plays a substantial role in supporting both practices and patients with: medication queries, DOAC reviews and monitoring of high-risk medication, antibiotic prescribing audits, high dose opiate prescribing, HF and depression reviews, nursing home queries and reviews, housebound vaccinations, polypharmacy reviews, IIF, QOF etc. Patient facing role also supports patient access. The role enables targeted pieces of work such as MDTs for both nursing homes and opiate medication reduction of which the pharmacists as well as other ARRS will play an integral role.
1.2.5	<b>Social Prescribing Link Workers (SPLW)</b> Empowering people to take control of their health and wellbeing. Reduce health inequalities by supporting people to dissect complex issues affecting wellbeing. Deal with the social/wider determinants of health - helping patients to make improvements to their situation which impacts on their physical health and wellbeing. Supporting people to make healthy choices and behaviours that can help prevent health issues e.g. exercise and nutrition. Multi-agency working providing proactive support. Can target patients who have not accessed a particular service/appointment and understanding the barriers patients may face and working though solutions. Also support the wellbeing of staff. SPLW have a positive impact on a wide range of outcome, including mental health, loneliness, social connections and overall patient wellbeing.

	Resilient, confident patients will be better equipped to manage challenges and change in the future and therefore less likely to return to primary care for social, emotional or practical issues.
1.2.6	<p><b>Mental Health Practitioners</b></p> <p>The role would certainly be much more challenging without the input they provide such as, greater dialogue and understanding between general practice services and secondary mental health services, specifically the community mental health teams. Discussion and advice accessed from Single Point of Access – secondary level mental health expertise. Increased knowledge and links with VCFSE. Involvement in case consultations and advice on low level care formulations are now available to that would not have been previously. More timely interventions with patients. Improved outcomes for patient with targeted holistic care and monitoring of physical health when appropriate. The freeing up of GP time by MH leads reviewing and supporting more complex patients and their mental health needs.</p>
1.2.7	<p><b>Health and Wellbeing coaches</b></p> <p>Dedicated time to deliver improved personalised care and support and greater self-management. Provide people with improved choice and control over. Management of long-term conditions. Lifestyle and behaviour change and recovery and rehabilitation.</p>
1.2.8	<p><b>Physician Associates –</b></p> <p>Support care homes and delivery of the enhanced health in care home service (ward rounds), providing proactive care to residents providing access to enhanced primary care and specialist services to maintain their independence as far as possible by reducing, delaying, or preventing the need for additional health and social care services. GP time is freed up to see those patients with acute/complex needs.</p> <p>PCN example: In April 2022, in line with the EHCH Framework 89% of residents in Healthier West Wirral PCN had a personalised care plan in place, all of which were created by a PA and care coordinator.</p>
1.2.9	<p><b>Paramedics</b> – provide care delivery such as acute visiting services, frailty and support to care homes (as above).</p>
1.3.0	<p>In summary, the Additional Roles have an overall impact through;</p> <ul style="list-style-type: none"> <li>- Reduce demand upon general practice services.</li> <li>- Reduce inappropriate referrals from general practice.</li> <li>- Facilitate inter-referral working amongst partners and signposting in timely/accessible manner.</li> <li>- Increased working and understanding between providers.</li> <li>- Increased patient access (and hopefully patient satisfaction).</li> <li>- Focused, timely and more holistic patient care.</li> </ul> <p>Historically, the issues around how system partners communicate have been problematic with disjointed ways of working, resulting in patients finding it difficult to navigate the system. New collaborations via the PCNs are enabling improved communication and engagement which fundamentally improves patient care and streamlines services across Wirral.</p>
1.3.1	<p>There are some challenges and development opportunities with increasing the primary care workforce;</p> <p>Challenges:</p> <ul style="list-style-type: none"> <li>- Estates capacity continues to be a challenge to house the additional ARRS staff with practices/PCNs.</li> <li>- Additional IT provision for the roles.</li> <li>- Differences in recruitment approaches especially on salaries offered (each role is defined by a banding on Agenda for Change so there is a salary range</li> </ul>

	<p>available which can create challenges when staff move between PCNs).</p> <ul style="list-style-type: none"> <li>- Many of the roles require a substantial amount of support when they start in primary care which must be drawn from existing practice/PCN resources.</li> </ul> <p>Developments:</p> <ul style="list-style-type: none"> <li>- <b>Birkenhead PCN</b> - intention to explore paediatric physiotherapy.</li> <li>- Intention to explore joint injections as part of the service offer.</li> <li>- <b>Moreton &amp; Meols PCN</b> - about to embark on national Cardiovascular Disease/VD prevention programme and a Frailty project with Wirral Health &amp; Care Community NHS Foundation Trust made possible through the use of ARRS roles.</li> </ul>

2 Implications	
2.1	<p><i>Risk Mitigation and Assurance</i></p> <p>The work taken through the Primary Care Group provides controls for and support assurance of the management of the strategic risks PDAF 1 and PDAF 3. The Primary Care Group also has a Risk Register, which will into the PDAF and discussions at the Place Based Partnership Board around risk.</p>
2.2	<p><i>Financial</i></p> <p>There are no financial implications arising from this report.</p>
2.3	<p><i>Legal and regulatory</i></p> <p>There are no direct legal and regulatory implications arising from this report.</p>
2.4	<p><i>Resources</i></p> <p>Wirral Council are supporting the Wirral Place Based Partnership Board and, when required, the Joint Strategic Commissioning Board. NHS Cheshire and Merseyside will support the remaining governance and assurance infrastructure.</p>
2.5	<p><i>Engagement and consultation</i></p> <p>The Primary Care Group has a membership that includes Healthwatch Wirral and representation from the voluntary, community, faith, and social enterprise (VCFSE) sector. The PCG is co-chaired by representatives from the VCFSE.</p>
2.6	<p><i>Equality</i></p> <p>Wirral Council and NHS Cheshire and Merseyside have a legal requirement to make sure their policies, and the way they carry out their work, do not discriminate against anyone. The business of these groups will be conducted with an awareness of the general duty requirements and place equality considerations. No Equality Impact Assessment (EIA) is required for this report, although impact assessments will be required for any service changes proposed through the Primary Care Group.</p>
2.7	<p><i>Environment and Climate</i></p> <p>Wirral Council and NHS Cheshire and Merseyside are committed to carrying out their work in an environmentally responsible manner, these principles will be followed by the Primary Care Group.</p>
2.8	<p><i>Community Wealth Building</i></p> <p>Community Wealth Building in Wirral focusses on partnerships and collaboration. These partnerships are led by Wirral Council with external partners and stakeholders, including residents. NHS Cheshire and Merseyside will support the Council in community wealth building by ensuring health and care organisations in the borough</p>

	have a focus on reducing health inequalities and contribute to the development of a resilient and inclusive economy for Wirral. The Primary Care Group will take account of this in their work.
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<b>3</b>	<b>Conclusion</b>
3.1	It is recommended that the Wirral Place Based Partnership Board notes the report.

<b>4</b>	<b>Appendices</b>
	Examples of patient stories impacted by ARRS roles.

<b>Author</b>	Iain Stewart
<b>Contact Number</b>	07887 503 262
<b>Email</b>	<a href="mailto:iain.stewart@cheshireandmerseyside.nhs.uk">iain.stewart@cheshireandmerseyside.nhs.uk</a>